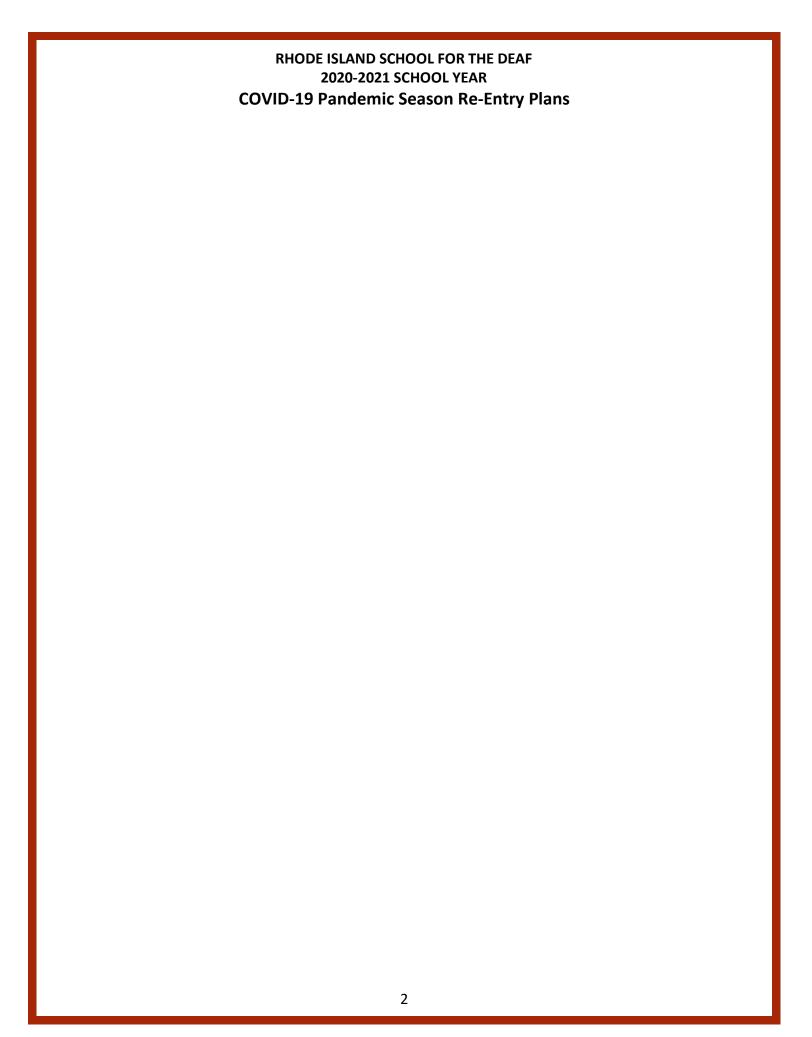


RHODE ISLAND SCHOOL FOR THE DEAF One Corliss Park Providence, RI 02908

2020-2021 SCHOOL YEAR COVID-19 Pandemic Re-Entry Plans

- Full School On-site, Face-to-Face
- Preschool Through High School
 - Blended Plans
- •100% Distance Learning, as needed
 - Audiology Clinic Re-Opening
- Outreach to Districts and Charters
 - School Rentals

Prepared with input from
ADMINISTRATION
AUDIOLOGY CENTER PROFESSIONALS
COUNCIL 94 AND LOCAL 2012 MEMBERS
RISDEAF EMPOWERMENT SCHOOL BOARD/ COMMUNITY ADVISORY BOARD
RHODE ISLAND SCHOOL FOR THE DEAF BOARD OF TRUSTEES
SCHOOL HEALTH CONSULTANT
HIGH SCHOOL STUDENT REFLECTIONS
TEACHER AND TEACHER ASSISTANTS' UNION OFFICERS
TEACHER and SUPPORT PROFESSIONALS' REFLECTIONS



LEA Name: Rhode Island School for the Deaf

Superintendent's Name: Nancy Maguire Heath

Email: nmaguireheath@rideaf.net

Cell Phone: **508-272-1623** School Phone: **401-222-3525**

Point person for COVID-19: Nancy Maguire Heath

Alternate Designee: Amy Vincenzi

Point person's title: Director/ Principal

Designee: Assistant Director for Operations, Finance, and Personnel

Point person's email: nmaguireheath@rideaf.net

Designee: avincenzi@rideaf.net

Point person's cell phone: 508-272-1623

Designee: 401-829-6058

Liaisons to RIDE and RIDOH:

Medical Liaison to RI Dept of Health: Penelope Bailey, RN pbailey@rideaf.net

Mental Health Liaison to RIDE: Joseph Batiano, LMHC jbatiano@rideaf.net

Technology Liaisons to RIDE: Todd Furlong, IT Manager tfurlong@rideaf.net

PPE Liaison to RIDE: Amy Vincenzi avincenzi@rideaf.net



July 17, 2020

1. Message from the Director/ Principal Nancy Maguire Heath

Despite the challenges and risks inherent in this COVID-19 season, Rhode Island School for the Deaf faculty and staff are eager to reconvene school and gather our school community together, face-to-face, on August 31st and beyond. I am very proud of our efforts and successes with distance learning implemented since March 17, 2020 and continuing now through our ESY program, however we acknowledge that this has been a less equitable approach to educate and support Rhode Island's more vulnerable learners who are deaf and hard of hearing.

Our students rely on face-to-face interaction, as ASL is their first language and is a visual-spatial language. Many students live in homes where no one can communicate through sign language, and therefore, we must be mindful of the students' mental health during prolonged periods where communication may be quite functional, only. Additionally, their parents may not speak English in the home and may not know ASL or English well. Since these are the two languages that our students use, their understanding of what they see on TV (or reasons for unusual body language of families who are anxious) can be limited. The students are likely to be fearful and confused and feel isolated due to lack of ability to learn in greater detail what is happening, either directly from family members or incidentally from the television and media. They can see worried faces and less warmth through reduced hugs and physical contact, adding to their feelings of loneliness. Young children whose language is just emergent receive fewer hours of language modeling in ASL when not in school, setting their progress even further back for reading and general literacy. We are concerned about the long term consequences of this separation and are looking forward to their return.

We have witnessed regression, especially with younger students who arrived at RISDeaf with little or no formal language structure and have little to no access to sign language at home. Our concerns are supported by our data, which demonstrates that those who had access to ASL and linguistic access to parent support did much better than other students. To limit exposure to American Sign Language to 2-4 hours/ day online for those whose language is emerging and already quite delayed is clearly insufficient for age-appropriate language to develop. The dedicated RISDeaf staff understand the inherent risks, and some staff have personal concerns of their own, but they have made it clear that they will do whatever it takes to bring these children back to school and to address the evident regression that will, unfortunately, impact these students for some time ahead in the areas of academic achievement and social-emotional

intelligence. They need to return to a fully accessible environment as soon as we can safely bring them back. We are working hard to plan how best to receive our students back at RISDeaf and support their continued well-being.

We have carefully looked at every aspect of the typical school day for our diverse community of learners and read every piece of guidance we could find to promote a safe and well thought out return to the *new normal* at Rhode Island School for the Deaf. We are committed to creating an environment where access to language, culture, equity and rigor flourish. We acknowledge that this environment will look quite different. We also admit that we do not have all the answers. No one does as far as we can see, but we will listen to all ideas and thoughtfully revise this plan as better approaches and technology become apparent.

Most evidence to date suggests that even if children under 12 are infected at the same rates as the adults around them, they are less likely to spread it. There is also evidence that where less strong speaking voices are used, people are safer. Most of our students and teaching staff use American Sign Language all day, which we hope will be another unexpected, but preventive factor lessoning the spread of the virus in our setting.

A blended plan has also been designed should we need to balance between face-to-face instruction and a return to distance learning. We do appreciate that we are providing more options for students; a good thing. We accept that we do have to rethink education. Just providing one model for students is no longer optimal, nor will it serve them all well. However, for deaf and hard-of-hearing students whose language is still being formed, we are convinced that face-to-face learning makes a great deal more sense as the primary choice.

I wish to thank all those community members who patiently answered our questions, listened to ideas, researched guidelines, and participated in this process as we probed for best practices to ensure that our unique and capable learners can continue to learn and grow safely and that our dedicated staff can work in safety, as well.

If you wish you make suggestions, please contact me at nmaguireheath@rideaf.net or call me at 401-222-3525.

2. VISION AND GUIDING PRINCIPLES

Rhode Island School for the Deaf (RISDeaf), established as a state school in 1876, is a coeducational public school for students in grades Pre-K through 12. It provides extensive and individualized services for Deaf and Hard of Hearing (D/HH) children in both its school setting as well as through a number of community initiatives including: the Parent Infant Program (Early Intervention), Outreach services to school districts and charters serving d/hh students in other settings, after school activities and athletics, academic and career exploration partnerships, transition services, and a publicly funded Audiology Center.

Our students reside all over Rhode Island, and we also enroll from several border communities in Southeastern Massachusetts. Students are all (100%) served by IEPs, and all have hearing loss and language challenges that make attendance at this school their least restrictive environment for achieving true access to the full curriculum.

- i. RISDeaf has long held the following CORE VALUES and these appear in our strategic plan:
 - We value and welcome a diverse range of students, faculty, staff, and families, including those students who are deaf and have additional learning challenges. This is reflected in all programs, curriculum, resource allocation, and talent management.
 - We celebrate the positive identity of all deaf and hard of hearing children through healthy family support, linguistic competence, and high quality education to provide options and different pathways to personal success. Our students have the right to an educational program that is rigorous and prioritizes the integration of academic, social, and emotional development.
 - We believe that children benefit when their families and RI School for the Deaf build strong partnerships.
 - Early language acquisition is the foundation of a quality education. Along with language development, respect for deaf individuals and access to deaf and hard of hearing peers and role models are important to foster optimal intellectual, social, and emotional growth.
 - Deaf and hard of hearing children should be provided full language and communication access in school and in the community. No matter what the child's hearing level, thoughtful and individualized language planning provides the best opportunity to maximize language access for learning.
 - A substantial body of research demonstrates that fluency in American Sign Language

<u>and</u> English offers deaf and hard of hearing students opportunities for academic and social success, thus both should be important parts of a language-rich and fully accessible learning environment.

- American Sign Language and English are two separate languages. Both languages are equally valued in our School, and students learn the unique grammatical, semantic and pragmatic structures and features of both languages through a bilingual approach.
- Rhode Island School for the Deaf is a public school and statewide resource committed to building capacity of all Rhode Island educators to better serve deaf and hard of hearing students wherever they learn.

There are <u>specific core values</u> that we bear in mind to guide us as we implement this plan.

- 1- **We need to be learners and listeners**. We need to acknowledge that we do not have prior experience in this kind of a pandemic, therefore we do not have all the answers and need to be patient with one another as we learn together.
- 2- We need to make health and safety a priority, even when it's inconvenient to the larger system.
- 3- **We need to be flexible** and ready to make common sense and data-driven changes deftly and effectively.
- 4- We have a very diverse student body that relies on us to make the world comprehensible and the English language, which they cannot hear, approachable. Because they do not hear well, they usually do not learn incidentally in the same way that more typical peers do. We must not lose sight of the goal of advancing the curriculum for each child in as rigorous and equitable manner as possible even during these challenging teaching times.

ii. These lead directly to our hopes and aspirations for students next year.

- 1- We envision and hope for all students attending full-time, face-to-face. on-site, starting August 31, 2020.
- 2- We are prepared to implement a blend of on-site and distance learning as needed.
- 3- We know many of our students have been isolated. We aspire to help children understand what is happening in the world, what they can do to care for

themselves, and to support their social and emotional connections as much as possible in school.

- 4- We hope to halt the regression we know has already happened and to reverse course by identifying areas of need and responding with good language, academic and cultural interventions and sound lesson planning.
- 5- We hope to maintain the highest standards for health & safety to provide a safe place for students to learn and socialize and where our staff can safely share their talents.
- 6- We aspire to build upon the new and improved family relationships that we built during the Spring distance learning season.
- 7- We plan to work hard to advance the curriculum in all grades to attempt to make up lost opportunities.

iii. Planning Process

RISDeaf checked the pulse of staff and parents frequently during distance learning. Staff meetings and supervisory interactions continued. Conversations with parents occurred weekly and sometimes more frequently. Teachers, students, and support professionals provided reflections at the close of the school year that have been factored into these plans.

Rhode Island School for the Deaf is a RIDE Empowerment School. Our Empowerment Advisory Committee together with members of our (CAB) Community Advisory Board (which includes parents) met several times with Administration to discuss safety concerns and to brainstorm ideas that would help make re-entry smoother and less stressful for all members of the community. Union officers/members from all 4 unions at this school were represented.

Our Consulting Physician met several times with us to align medical concerns with school operations. Our School Nurse stayed current with reference to CDC guidelines and those from RI State Nursing and the American Academy of Pediatrics. (See Appendix)

Our Audiologists met with Administration several times to help plan for a safe and effective re-opening of the on-site Audiology Clinic that would be well aligned with ASHA and National Educational Audiology position statements (attached in Appendix).

Our Facilities Team met with vendors and state personnel to determine the most effective products and equipment to use for sanitizing and disinfecting the different areas of the School (i.e., how you disinfect the Audiology booth is very different than what is needed to disinfect the playground equipment or classrooms and bathrooms.). They worked hard to procure best prices possible.

Our Leadership Team met with our Special Administrator to identify students at-risk, for whom we need additional interventions and careful planning in order to meet unique needs. IEP meetings continued to discuss all facets of educating each child.

Our Afterschool Coordinator and Athletic Director met weekly with Administration to determine what can be safely offered to students after school. Clearly soccer and volleyball seasons had to be canceled, but many other options were explored to help continue these important activities in a safe and affordable manner

Our Board of Trustees stayed on top of the planning and reviewed all budgetary concerns.

The actual proposed plan was collated by Administration after this wide net collection of feedback and ideas.

iv. Agility and Flexibility

There is no question that *agility and flexibility* must be our motto as we return. This applies at every level: with families, students, faculty, staff, governing bodies and hopefully, for our legislature and federal government systems, as well. Very little in the education world will look or feel the same next fall.

We intend to use professional development opportunities, signage, communication with families, and talking with students to reinforce these critical personal and systemic characteristics. Common sense, science and data, when available, will lead the way.

Our RISDeaf staff demonstrated their remarkable ability to be agile, creative, and flexible throughout distance learning (even visiting students at home and teaching through patio doors and porch windows.) We were delighted to see that most of our families were willing to be flexible as well. For some students and families, this posed many challenges requiring numerous instances of collaborative problemsolving to keep a student engaged and available for learning.

Here in lies the obvious inequities in our educational systems. Those with the economic, geographic and social means have the least struggle with agility. Those who are more challenged in these areas may have the desire but their survival life

circumstances may not permit much alteration. These families and their children will continue to need more support for next year's return to be successful.

We are committed to working just as hard to help maintain the most equitable return to school possible for all of our deaf and hard of hearing students.

v. Timeline with Major Milestones

PLANNING AND SUBMIT PLAN PROPOSAL TO RIDE

July 17, 2020

Revise, as needed, for Approval

DISSEMINATE PLAN AUGUST 5, 2020

Parents, Faculty, Subs, & Staff

Web site, Mail, Facebook, & Twitter



CREATE TRAININGS/AWARENESS ROLL-OUT

Module for students before school opens

2-day Orientation for Staff

Bulleted Summary for Parents

FIRST 8 WEEKS OF SCHOOL AUG 31- OCT. 30, 2020

Preschool -Grade 6 Students loop for 8 weeks

Intensive practice -routines and safety for students

8-week assessment and diagnostic period for all students

PARENT UPDATE AND UNFORMATION MEETINGS

Spanish Sept. 28 / English Sept. 29



Nov 2, 2020 YOUNGER STUDENTS FORMALLY PROMOTE UP



CLASS OF 2020 GRADUATION FRIDAY, OCTOBER 30



PROGRESS MONITOR THROUGH WEEKLY TEACHER MEETINGS AND EMPOWERMENT/ CAB TEAM MEETINGS THROUGH ZOOM QUARTERLY

3. STRENGTHS AND CHALLENGES FROM SPRING 2020

We learned so much from March 17- June 23, 2020.

Strengths:

- RISDeaf ensured language access through ASL every day for every student once technology through Internet or phone was present in the household.
- Faculty and staff exhibited a collaborative spirit, a "can-do" attitude, creativity, and the ability to adapt. Our staff's technology skills grew and broadened.
- We already had an established 1:1 Chromebook program in middle school and high school to launch from. We reallocated the existing school iPads for Kindergarten and Preschool families.
- Our school librarian researched many free and reduced price resources that we were able to adapt for our student population and use.
- RISDeaf collaborated with other school for the deaf across the US to identify best practices and to share newly learned knowledge.
- Teachers taught teachers how to use more advanced technology platforms.
- Leadership team was instrumental in coordinating curriculum and instruction, systems for attendance, and resources for the homes of our students, communicating regularly with families and teachers.
- Alarmed by the number of students stating that they were hungry, our School Social work and Director started a "Food Insufficiency Fund". Through generous donations from faculty, staff, and friends, many of our families in need received and continue to receive food gift cards and/or personal care products.
- We established a Community Blog on-line, where announcements were posted. Resources about hearing aids, technology and free/ reduced lunch program (and much more!) was available. On this blog, we pledged the flag together, birthday wishes were extended, ASL instruction for preschool parents was available, jokes, stories, messages from teachers, and even a daily exercise workout was posted through daily videos. In this way, a spirit of school-wide community was maintained.
- Our Support Professionals posted weekly videos that they created in ASL about SEL topics, such as self-care, how to learn effectively online, the importance of wearing a mask, what to do when you're feeling lonely or parents don't understand your sign language well, etc. These were presented in a differentiated format (signed video,

pictures, captions and visual symbols) so that all students could access the information.

- Data collection was consistent, and we were able to use our regular report cards at end of year with no student penalized for lack of tech or support at home.
- Although we recognize that DL was not a great structure for some students, we did not lose contact with any student. Some, of course, accessed DL much better than others, but we did not miss anyone. Those students with greater challenges required thinking "outside-the-box." Teachers found a way to keep teaching, and some went to great personal lengths to do so. Those students who did not show up were pursued by the School staff to help reconnect if possible.
- IEP services were delivered, PE was taught, on-line art classes were provided, some teachers drove to students' homes and taught through porch windows or deck slider windows, others drove to homes to deliver adaptive equipment that they scrounged and found for home use, many individual videos were created, filmed and captioned for personalized instruction, and most impressive of all, one teacher taught ASL to parents through their phones (Google DUO).
- Hearing aid batteries continued to be mailed to families as soon as they were needed. Art supplies were delivered to students, along with math manipulatives to make hands on instruction possible.
- Our ASL Specialist taught an ASL class specifically to Spanish speaking parents through ZOOM 2 evenings/ week.
- Parent engagement was high for 70% of our families.
- Staff participated in a caravan to each student's home all over RI and Massachusetts at the mid-way point, to deliver May baskets and keep the relationships vibrant for students.
- Several after school activities were creatively implemented on-line so middle and high students, who wished to participate could still see each other and socialize a bit after school was finished for the day. Coaches met with team members several times online to build Rooster Spirit.
- Working from home for those who have their own young children learning at home makes life complicated, and it can be harder to remain focused on student engagement. Providing support for our hard-working teaching staff was a firm commitment of leadership during distance learning.

Challenges:

- There are too many children in Rhode Island demonstrating language deprivation. Language deprivation is the absence of formal language input to the brain during early developmental years, thereby significantly impacting executive functioning and cognition. These deaf children need linguistic input more than the few hours a day that we might be able to capture their attention on screen. Since most do not have access to sign language in the home, our youngest children through grade 3 did not thrive with distance learning. In fact, our data shows us that regression is now a serious problem.
- •There was a lack of ASL learning resources on-line at start of DL. Very few models of good literature in ASL could be found, and although a few videos are captioned, this was not accessible to many students. Several commercially prepared online platforms were explored but found to be only partially accessible. This lack of previously made resources required that our staff create their own videos and resources from scratch for each lesson. Literature was selected and translated to ASL by our strongest signers and one staff member used her five children to post weekly ASL bedtime stories on the Blog, calling themselves, "The Goodnight Girls." This replacement effort for our daily readaloud in ASL at school was time-consuming, especially where captioning is also needed, but it was necessary.

(By the end of our DL period, this was no longer as big a challenge, as many other Deaf Ed professionals across the US had done the same, and many new literature resources were being posted and shared online. Now many more literature resources exist for all Deaf and hard-of-hearing students who rely on ASL.)

- Our students live across a large geographical distance, so getting supplies and equipment to them required a car pool of staff making multiple, long distance trips.
- Some of our students live in congested urban areas where no one uses ASL. They needed a great deal of support to understand why they needed to stay home in crowded conditions, wear masks, practice social distancing, etc. A high percentage of our urban parents do not use ASL enough to be able to explain these critical understandings without our support. The students cannot learn through listening to conversation or hearing what is said on TV. This was time-consuming and involved many 1:1 interactions using interpreters and translators to help parents understand what the child's fears and misunderstandings were. In many instances, our teachers acted as pseudo-social workers and counselors.
- Technology via Internet was lacking in 40% of our students' homes at the start. We are proud that we were able to completely close that gap, however the hours on phone calls with parents, Internet companies and with translators to accomplish this worthy endeavor was an enormous effort. Staff raised funds to pay for several months of

Internet for those families who were otherwise not eligible due to undocumented status and/or other reasons. We worry about next year when many of the free services might be unavailable.

- We were able to find funds to purchase Chromebooks for Elementary students, however the backorders from the company (which closed due to COVID-19) meant that we were forced to borrow CBs from another school that had old ones in storage. Our IT manager worked diligently to repair, refurbish and ensure that we had temporary equipment early on until our new CBs could arrive and be delivered.
- Delivering therapy services to our youngest students (Preschool and Kindergarten) was quite challenging. Keeping their attention on-line for longer than 10 minutes and preventing distractions at home proved to be very difficult. Their young age required more parent intervention and hands-on support to log on. . Some parents understood this; others did not.
- Co-teaching (teachers and therapists in a push-in model) proved to be less effective virtually than we hoped. Having 2 signers vying for student attention was not successful, breaking up the language flow as students needed time to locate the person signing. 1:1 therapies were much more effective when possible.
- There were a few families who could not seem to make DL a priority for numerous reasons, and we committed to ensuring that those students were not left behind. This took someone calling often, visiting homes at a social distance, sending learning packets home and working hard to stay connected with these isolated children to keep instruction at the forefront.
- Assessment was very challenging during distance learning. We are, in many cases, quite unsure what students retained or are able to apply from this past Spring's enormous efforts.

4. CRITICAL COMPONENTS OF RE-OPENING PLAN

A- HEALTH AND SAFETY PLANNING (COVID-19 CONTROL PLAN)

• Face Masks and Coverings

Following the preferred position from the Educational Audiology Association, we have ordered child size face shields for all children ages 3 through middle school. (See Appendix). Teachers, staff, and high school students will wear fully clear face masks that were ordered through an advantageous group rate obtained by The Conference of Educational Administrators of Schools and Programs for the Deaf (CEASD), of which we are a member. Those staff members (ASL interpreters) who

work with our high school students at East Providence Career and Tech Center will also use these masks. This offer will also be extended to the East Providence Career and Tech Center to ensure clear communication between their instructors and our high school students who attend several of their programs.

Although cloth masks with a clear "window" are more easily available, our deaf and hard of hard-of-hearing colleagues do not find them helpful and prefer the fully clear option for best communication. These fully clear masks are the same ones used at Boston Children's Hospital 's Deaf and Hard of Hearing department and are usually very expensive. (See Appendix). We ordered extra masks and have made these unique, fully clear masks available to the ARIASE organization should they need them for those students and teachers in their RI districts and charters who have a d/hh child in their class.

Students should wear a cloth mask from home as they board the bus in the morning and keep it on in the hallway upon arrival on the way to their learning area. They will replace their personal masks from home with the face shields/ clear masks upon arrival at their desks. This process will be reversed at dismissal.

The full face shields and clear masks will be left on their desks for sanitizing when the classroom is sanitized each evening. Alcohol wipe pads (recommended for clear plastic coverings) will be available in each learning area for cleaning student masks throughout the day as needed.

Social Distancing and Organizing Personnel

Clear signage reminding each member of our school community about the 6' rule for social distancing will be posted throughout the school and at each entry door.

Signs at each door will state clearly what the expectations are. The elevator sign will limit each elevator ride to one person at a time, unless a caregiver is needed.

Staff PD and meetings will occur on ZOOM or on Google Classroom as often as possible. If a PD is scheduled in person, staff will sit 6' apart, and it will be scheduled in areas large enough to accommodate safe social distancing. IEP meetings will continue virtually.

Staff Rooms will be used on a limited use system to get coffee or to get materials or use assigned rest rooms. As soon as the 2 (Elementary) and 4 (MS/HS) persons allowed at one time are present, remaining staff will need to wait until others leave the staff room to enter. Staff will be asked to eat lunch at their desks or outdoors.

Visitors, including parents, will not be permitted beyond the foyer of the building.

Students Spacing

Fortunately, our School is already divided into physical POD areas by department. These can be closed off from each other. Each POD, except for Preschool/K, has an open central area, and the classrooms surround this open area within a fully self-contained space. Preschool is a series of three connected classrooms in a set apart area, each with its own bathroom.

Each POD has its own bathrooms for that particular age group. Each classroom within each POD has a sink and soap dispenser. Every POD has hand sanitizer stations. Sanitizer stations were already located throughout every part of the building, and more were recently added at school entrances and by the Gym.

Air quality in each POD is excellent. Our heating and ventilation systems are top-ofthe line, circulating outside air into the building regularly. Opening windows is not advised in order for this healthy air system to operate optimally. All classrooms have wide windows with plenty of natural light. Most offices do not have windows, but lighting was recently upgraded throughout the whole school and is very good.

Fire drills will be reconfigured to allow for safer distancing between individuals. We have plenty of space to do this outdoors.

Arrival

RISDeaf has several entrances. Our plan is to assign specific arrival and dismissal entrances to each POD cluster. Dedicated staff will be at the door to check for COVID symptoms and ensure social distancing. Buses will be instructed to make a series of drop-offs, making rounds to each door.

High School students will enter the building through the main entrance and proceed directly to an assigned classroom to wash their hands with soap and water and change masks. "Grab and Go" breakfasts will be available in the open central area in the high school POD. Students will eat in their assigned classrooms.

Middle School will enter next through the Main Entrance and walk directly to their POD for handwashing and breakfast.

Elementary and Kindergarten students will enter next through the Elementary Entrance of the school and proceed directly to an assigned classroom to wash their hands with soap and water and change masks. Staff will be available to assist with their breakfasts in the Open Area of the POD.

Preschool will wait with their bus monitors for staff to admit them at the last door near their cubbies. They will take off their coats and enter their classroom to wash their hands and sit in class for breakfast.

Dismissal

Dismissal will reverse the process with added staff support.

We have upgraded our visual alert system, allowing bus arrivals to be posted on each monitor in each classroom. Classroom assistants and a teacher will be posted in each POD for dismissal. The teacher will supervise students as the assistant helps students with dismissal. As buses arrive, each POD will be notified, in sequential order, by text or graphic on our visual alert system that a bus is ready to board. (i.e., "Pawtucket bus is here"). High School will board first at the Main Entrance, and students will be seated to the back of the bus, followed by middle school. The bus will then move to the next door and elementary students will board, followed by Kindergarten students, and finally preschool, who will be seated at the front of the bus. Each town/ city or region will be called separately in turn.

Classroom assistants will create a "Late schedule," assigning one person per day who can stay late for overtime, in the event there is a bus that runs into complications and arrives very late. Those affected students will gather in the cafeteria, sitting one to a table until their late bus arrives.

Cohort Size

Class sizes at RI School for the Deaf are small, as are most Deaf Ed classrooms in the US. Students will spend their learning day in their assigned POD. Cohorts will average 25-31, including teachers and students. Designated bathrooms will be assigned for students and for staff, so that each large group remains separated from another and cohorts remain traceable should an outbreak occur.

Recess

Early Childhood has its own playground. The Elementary POD also has its own playground. No one else uses these during the day. They will be sanitized every morning before first recess, since the public may possibly have used them after school the day before. Preschool and Kindergarten will continue to have recess totaling 1 hour daily. Elementary will have daily recess for thirty minutes each day.

Lunch

Parents will be advised to pack cold lunches, only, until further notice. "Grab and go" cold lunches will be delivered to each POD for those receiving school lunch. Microwave ovens will not be available for student use. The only PODs that will move out-of-area to eat in the cafeteria are Middle School and High School, the PODs closest to that designated area. They will eat in 2 staggered lunch periods, one POD

at a time with sufficient cleaning time in between. Students will move in a socially distanced fashion to the cafeteria, where seating will be arranged according to recommended social distancing safety measures. Tables have been removed and replaced by sufficient seating at desks that are 6' apart.

Classroom seating

All seating at desks in classrooms will maintain a 6' distance whenever possible, including the seating in the open areas. Signage will reinforce this, and pre-cut, 6" lengths will be available for quick measure in each POD. Marks on the floor will remind younger students about seating. Since our classes are smaller, we do not anticipate this will be a problem in 90% of the classes, including library times. All desks will face forward (which is typical for deaf students already.)

There are 2 areas where we anticipate the 6' rule will be problematic: in the Art Room (all students at RISDeaf take Art classes) and in the computer lab. We are working to make the Art classes even smaller in roster size and to extend the Computer Lab footprint to make this area less of a physical challenge, especially during testing. Preschool and Kindergarten Art will happen in their classrooms, with the Art Teacher going to the students.

Lockers

Individual student lockers are located within each POD. These will continue to be assigned to students in every other locker rotation. Times to go to lockers will be staggered to avoid groups forming too close to each other. Locker door fronts will be cleaned nightly.

To avoid frequent trips to lockers, Kindergarten and young elementary students will utilize chair organizers that hang from the back of student chairs to store items that will be used frequently.

Hallways

To preserve the integrity of each POD, schedules will not allow for any two cohorts traveling in hallways at the same time, including at arrival and dismissal. Should students need to be in the hall at the same time (one walking to the nurse's office and another to audiology, for example, there is ample room for safety with masks or face shields on, as the school hallways are wide. Handhold ropes with individual hand loops attached have been purchased for preschool so that social distancing is more controlled with our 3 and 4 year old children in hallways.

Water

Our current water fountains, located in each POD require pushing on a pressure bar to get a drink. This is obviously a surface which many people would be touching.

Each child will be provided their own refillable water bottle , instead, to be kept at their desk. We are researching the possibility retrofitting the water fountains.

Support and Therapy Services

The School Counselor and the various therapists will go to the individual PODs, where a set-aside area will be available for them to work with individual students or a "push-in" model will be implemented, respecting appropriate social distancing and confidentiality, as much as possible. Plexiglass trifolds have been purchased to be used as needed. In between sessions the assigned specialist will be responsible to clean up and spray the area with disinfect before the next session.

Therapy services in the OT/PT room will be limited to those who absolutely need this approach. Specific students who may require time in the OT/PT area will be carefully monitored, and disinfecting will occur more frequently when this is scheduled.

School Garden

Masks will be worn by anyone working closely together in the garden. Whenever possible, social distancing shall be observed.

PE Physical Education

PE will take place outdoors as much as possible for the first quarter. In inclement weather and after the first quarter, PE instruction will occur in the gym. Activities will be carefully chosen so that social distancing is utilized as much as possible. Typical contact sports activities and instruction will be placed on hold until further notice. These will be replaced by more individualized health and fitness and recreational activities that can happen at a proper social distance. Equipment used will be sprayed with disinfectant by the PE Instructor before each new group arrives.

Nursing

Protecting our School Nurse is a large concern. Finding substitute nurses is always highly challenging. Our School Nurse Educator is a highly competent former Intensive Care Unit professional. She is a sign language user and is very difficult to replace on any given day if she should need to be absent. Given the current circumstances, she will be a key player in our plan and therefore, protecting her health will be a high priority. She will use texting throughout the day to advise and guide teachers as concerns arise.

She provides G-tube feedings, diabetic assessment and treatment, and administers meds and inhalers throughout the day from her office. Keeping traffic low in her medical area to reduce possible cross contamination is one important goal. There will be a table placed across her doorway to prevent easy or random entry to her medical area. In the hallway, just outside each POD doorway will be a table and

chair, reserved for her, where she can be called to quickly assess a student from that POD or treat minor issues without entering the POD unnecessarily. Basic supplies will be available in each classroom (i.e., gloves, Band-Aids, etc.) to avoid children coming to her office for minor needs. If a student presents with potential COVID symptoms or anything significant, the Nurse will accompany them (6' apart) to her nursing area or to the Contamination Room, where she will follow proper established nursing protocols.

Individual accommodations for safety will be made for medically fragile students.

Health Services COVID-19 School Plan for Health Services

Approved by School Physician, Joseph Vitorino, MD June 30, 2020

Point Person to Communicate with RIDOH: Penny Bailey, RN

The purpose of the following guidelines is to outline Rhode Island School for the Deaf's compliance with the COVID-19 health pandemic guidelines. The guidelines presented have been carefully considered to address, as well as promote, the health and safety of all students, employees, and community members at RISDeaf. The guidelines follow local, state, and national guidelines to ensure best practice is carried out.

Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:

- -Fever or chills
- -Reoccurring dry cough
- -Shortness of breath or difficulty breathing
- -Fatigue
- -Muscle or body aches
- -Headaches
- -New loss of taste or smell
- -So-re throat
- -Congestion or runny nose
- -Nausea or vomiting
- -Diarrhea

GUIDELINES

1. School Support

- **A.** Students, faculty, and all other employees are strongly encouraged to stay home if they are not feeling well. Anyone presenting to school with symptoms included in the "Sick Day Guidelines" (see section IV) will be sent home until the criteria for clearance for return to school is met.
- **B.** The Rhode Island School for the Deaf will make every effort to continue to support students with acute and chronic health conditions in the safest manner possible.

2. When to Visit the Health Office

In order to prevent the potential exposure to infectious diseases for vulnerable students receiving other medical treatments, all student visits to the Health Office will be triaged by/through the school nurse.

- A. Staff will be asked to call or text the nurse at 401-649-1995 with a request for a student visit.
- B. The nurse will prioritize the student for a visit and will direct the student to a "well" or "sick" zone area identified in the health office determined by symptoms.
- C. The nurse will either go to her station outside the POD area the student is in or ask that the student independently walk to the health office, unless one or more of the following symptoms are present:
 - 1. Confusion/disorientation
 - 2. Decreased level of consciousness
 - 3. Shortness of breath or respiratory distress
 - 4. Dizziness/lightheadedness
 - 5. Spinal cord injury/head injury complaining of neck pain-DO NOT MOVE THE STUDENT-CALL 911
 - 6. Vision impairment
 - 7. Diabetic low blood sugar-hypoglycemia/high blood sugar-hyperglycemia
 - 8. Life-threatening bleeding
- D. If any of the above mentioned criteria are met, or according to faculty/nurse best judgements, students will stay in place for in-person evaluation.
- E. 911 SHOULD NEVER BE DELAYED IN AN EMERGENCY. Activate EMS and delegate as appropriate according to school policy.

3. Students DO NOT need to present to the health office with the following common situations:

- A. Regular bathroom use, including feminine hygiene products
- B. Paper cuts, small abrasions, scabs that have been picked
 - 1. Wash hands
 - 2. Apply band aid from classroom supply box
- C. A **minor** headache and/or fatigue and the student does not act ill in the classroom, especially right after lunch or recess:
 - 1. Encourage snack or drink water
 - 2. Apply cool water to the face and neck
 - 3. Rest 30 minutes
 - 4. If no sign of improvement, or worsening, contact the nurse at 401-649-1995 for either an office visit or a nurse visit to the classroom.

5

- D. Mild indigestion and/or upset stomach especially right after lunch or recess:
 - 1. Allow to use the restroom
 - 2. Drink water, rest 30 minutes.
 - 3. If no sign of improvement, or worsening, contact the nurse at 401-649-1995 for either an office visit or a nurse visit to the classroom.
- E. Localized bug bite
 - 1. Apply cool paper towel
 - 2. Contact nurse to see if student has medication permission such as anti-itch relief cream
- F. Clothing or eyeglasses repair
 - 1. Contact nurse at 401-649-1995 to determine what supplies are needed
- G. Soiled clothing
 - Encourage parents to keep at least one additional change of clothes in all student backpacks and multiple changes of clothing as is deemed necessary for students that may require frequent changes of clothing
 - 2. Depending on student ability, students may be directed to self-clean and discard of urine and fecal contaminated clothing in a double bag
 - 3. If a student needs to be sent home due to hygiene concerns, the parent/guardian may be contacted by the teacher, staff or health office.

RHODE ISLAND SCHOOL FOR THE DEAF 2020-2021 SCHOOL YEAR

COVID-19 Pandemic Season Re-Entry Plans

4. Pharmacological Intervention (NPI) Recommendations for Communicable Disease

A. Individual

- 1. Avoid close contact with people who are ill. Close contact means less than 6 feet apart for greater than 10 minutes.
- 2. Stay home when you are ill
- 3. Cough or sneeze into elbow or a tissue. Throw the tissue in the trash. Follow both coughing or sneezing into the elbow or using a tissue with good hand hygiene.
- 4. **Avoid** touching eyes, nose, and mouth. If eyes, nose, or mouth are touched, follow with good hand hygiene.
- 5. Wash hands with soap and water for **20 seconds** at least every two hours.
- 6. Use hand sanitizer that is 60-95% alcohol based if soap and water is not available.
- 7. Promote non-contact methods of greeting

B. Community

- 1. Promote compliance with keeping immunizations up to date, including vaccine for flu, in accordance with Rhode Island regulations.
- 2. Hand sanitizer dispensing units are provided at each entrance of the Health Office and throughout the building.
- 3. Environmental cleaning of the health office during the school day
 - Frequently touched objects and surfaces will be cleaned using approved cleaning products.
 - ii. Items contaminated with blood, respiratory or gastrointestinal secretions will be cleaned with dry absorbing materials used for this purpose and then with Lysol.
 - Masks, face shields, and N-95 respirators will be cleaned and wiped down daily
 - iv. Clean masks, face shields, and N-95 respirators will be stored separately; contaminated PPE will be disposed appropriately.

5. Daily environmental cleaning of the Health Office (by school maintenance):

- Clinic: Wash and clean area daily.
 Approved disinfectant spray on chairs, floor, sink, tables, shelves, counter tops, soap and hand sanitizer dispensers, light switches, and door handles and allowed recommended drying time
- Office Area: Approved disinfectant spray will be used on desk, chair, equipment, door handles, phones and allowed recommended drying time
- iii. Bathrooms: Wash daily Approved disinfect spray on sinks, handrails, soap dispensers, toilets, light switches, door handles, and allowed recommended drying time

V. Isolation and Personal Protective Equipment (PPE) Standards in the Health Office

Per the RI Department of Education Re-entry to Schools guidelines: any students experiencing symptoms of COVID-19 before the school day begins should stay home. If COVID-19 symptoms develop while at school, the student will be taken to the nurse and put in the isolation room immediately. Parents/guardians will be notified to pick up the child within the hour. Medical advice should be sought within 48 hours and testing should be scheduled as advised. Symptomatic students will not be allowed to return to school without medical clearance that documents testing was done, there are no restrictions to return, or the student is no longer contagious.

Safe Nursing Practices

- A. A reusable jacket or lab coat to protect clothing from contamination in the office will be worn as "standard precaution" by the nurse and is to be removed when leaving the health office.
- B. Appropriate PPE is to be used in combination with standard precautions and proper hand hygiene. We will follow NASN and CDC recommendations.
 - 1. Hand hygiene is required before and after each office encounter and after each intervention.
 - 2. Washing with soap and water for 20 seconds is the preferred method. Hand sanitizer with at least 60% alcohol is acceptable.
 - 3. Soap and water handwashing must be used in cases of gross soiling.
 - 4. PPE that is reusable will be cleaned daily. PPE should be discarded after gross contamination, at least weekly and/or more frequently per the nurse's discretion.

C. PPE for Non-Respiratory Conditions

- 1. Abdominal Pain or Vomiting
 - i. Individual is to be put in sick zone
 - ii. Standard precautions including mask/shield and protective eyewear in the case of active or impending vomiting

2. Integumentary

- Standard precautions depending on clinical presentation (i.e. drainage from a wound, potential exposure to blood borne pathogens).
- 3. Miscellaneous headache, sore throat, muscle aches

RHODE ISLAND SCHOOL FOR THE DEAF 2020-2021 SCHOOL YEAR

COVID-19 Pandemic Season Re-Entry Plans

- Determine if the individual has been exposed to someone with positive or presumed COVID-19
- ii. Assess temperature
- iii. Place in sick zone if needed
- iv. Standard precautions including mask/shield

4. Respiratory Condition and Afebrile

- Triage to determine if there is acute respiratory illness or an exacerbation caused by a chronic condition
- ii. Allergy and asthma symptoms are not acute respiratory illnesses. Use standard precautions including mask/shield.
- iii. Determine if the individual has been exposed to someone with positive or presumed COVID-19
- iv. Per CDC guidelines, even patients with mild symptoms that could be consistent with COVID-19 (cough, shortness of breath, sore throat and muscle aches) should be cared for by the school nurse wearing gown, gloves, mask and eye protection

5. Respiratory Condition and Febrile

- i. Put on gown, gloves, mask, and eye protection
- ii. Apply face mask to patient if able to tolerate and developmentally appropriate
- iii. Individual is to be placed in a separate isolation room per RI Department of Education (RIDE) guidelines. The isolation room should be separate from the Health Office and should have ventilation to outside air such as a window would provide and visibility through the door.
- iv. Determine if the individual has been exposed to someone with positive or presumed COVID-19

6. Febrile with or without Acute or Comorbid Condition

- i. Put on gown, gloves, mask and eye protection
- ii. Put individual in isolation room
- iii. Apply face mask to patient if able to tolerate and developmentally appropriate
- iv. Determine if the individual has been exposed to someone with positive or presumed COVID-19

VI. Sick Day Guidelines

**Staff will be asked to monitor their health daily before school using the CRUSH COVID RI phone app. In addition, every time a staff member signs in each

morning, the COVID questions will appear on screen to remind staff to consider any health symptoms before logging in.

VII. Symptoms Requiring Absence

- 1. Active vomiting and/or diarrhea- no other symptoms: Return 24 hours after last episode
- 2. The initial 24 hours of prescribed antibiotic treatment (examples include strep throat and pink eye)
- 3. Fever, chills, general body aches: Return after 24 hours without the use of fever-reducing medication and no other respiratory symptoms. Nurse will instruct parent/guardian to contact primary care provider for guidance to return to school, for possible cases of COVID-19
- 4. If a student is sent home with a temperature of 100.4 (CDC recommendation) they must have clearance from their medical provider *or documentation of a negative COVID-19 test* in order to return to school
- B. If diagnosed with COVID-19, with or without a positive test and/or symptoms, follow CDC and RI DOH protocol for return to school and work
 - 1. Symptom-based strategy
 - i. 10 days have passed since the symptoms first appeared
 - ii. No fever for 72 hours or 3 full days, without the use of fever-reducing medication
 - iii. Other symptoms have improved such as cough and shortness of breath
 - iv. Both (ii) and (iii) PLUS 2 negative test results in a row spaced 24 hours apart

2. Time-based strategy

- i. Individuals who have tested positive but are asymptomatic are recommended to have 10 days of home isolation
- ii. Anyone that has been exposed to someone that has tested positive for COVID-19 is recommended to self-quarantine for 14 days
- iii. There is the possibility that quarantine times will vary based upon individual circumstances per guidance from RIDOH.
- C. If a student, employee, or visitor test positive for COVID-19 after being on the school campus the director must be notified. This is a reportable condition to both the local and state health departments. In most cases, the healthcare provider who diagnosed the case of COVID-19 has already reported it.

We will follow these CDC guidelines:

a. Employees who have been <u>exposed</u> to the virus (close contact, unable to socially distance within 6 feet for greater than 10 minutes) should notify

their primary care physician and supervisor for instructions.

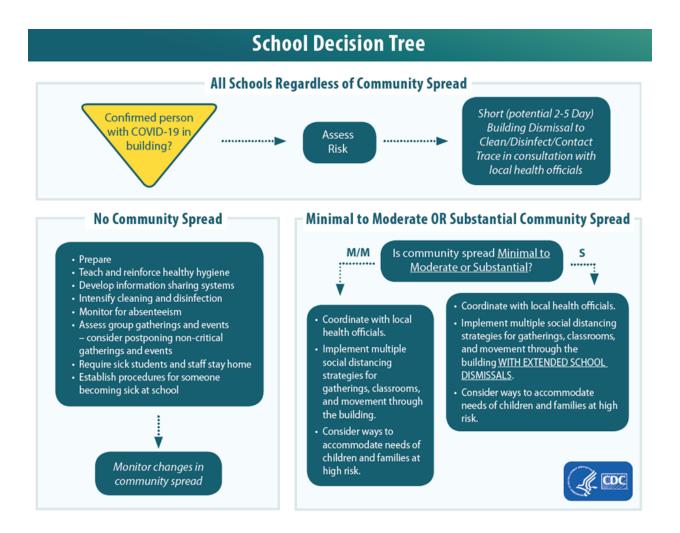
- b. Employees that are not considered exposed should self-monitor for symptoms such as fever, cough, shortness of breath, loss of smell, etc.
- c. Any employee that feels ill before the start of the school day <u>should stay</u> home.
- d. If symptoms develop while at school, the employee should go home immediately. Within 48 hours, the employee should seek medical advice and get tested for COVID-19 if recommended, and notify the School Nurse as soon as the test result is known.

As with students, symptomatic staff will be required to produce medical documentation that they tested negative, there are no restrictions and/or there is no evidence of illness or contagion restricting attendance. If the employee tests positive, they must self-isolate according to RIDOH protocol.

VII. Communicable Disease Monitoring

- A. Standard existing protocol: Any child who does not show up for school and whose parent does not call in is phoned by 9 AM to ensure that the child is safe. This will continue.
- B. We will encourage families to let the school know if their child is sick and to keep them home. The school also needs to know why the child is kept home to be able to track symptoms. If children are diagnosed with the illness, parents must let the school know so they can communicate with and get guidance from local health authorities.
- C. Collaborate with *person monitoring attendance* to record and track symptoms and diagnosis
 - when staff and students call out sick to school
- D. School nurse will monitor on-site illness symptoms and disease trends using SNAP software, and will stay in touch with RIDOH regarding any patterns or concerns.
- E. If 10% of the population at a school call out sick for similar symptoms, report to the director and the RIDOH.
- F. Evaluate the effectiveness of surveillance and infection-control measures during the pandemic flu, and summarize observations.

G. Evaluate the adequacy of infection control supplies and restock as needed.



- One individual will be responsible to help the School Nurse conduct active surveillance to look for influenza-like illness symptoms for pandemic risk factors. The Nurse will not discuss individual children's symptoms with other staff.
- We will maintain Incident Command Center -like operations and essential services; Staff will be responsible for reporting concerns or breaks in protocol to central office staff.

Response to a Positive Case or Outbreak of Novel Coronavirus at School

Communication with Staff and Students

We know that helping staff and students understand how to protect themselves and the practice of healthy habits can help to reduce the potential of traumatic impact on individuals. Providing this information can increase the level of control that people may have over the crisis and can help to lower anxiety. This information will be provided prior to the opening of school (July 31) by letter to staff and parents, web site, social media, and ASL video.

It starts with two critical premises:

- 1. Keeping the community well informed, and helping students, staff and families understand that this year will be different than anything they are familiar with in the past. Emphasizing that we must all remain flexible and refrain from fear, blaming, comparing, and/or giving up is important.
- 2. Encouraging students to practice good hygiene daily and to repeat simple steps to prevent spread of illness. Giving students guidance on what they can do to prevent infection gives them a greater sense of control over disease spread and will help to reduce their anxiety and increase overall safety.
 - Schedules will include washing hands multiple times a day for at least 20 seconds. (i.e., arrival, when changing areas for any reason, before and after eating snack and lunch, personal toileting, etc.) Hand sanitizer is also readily available.
 - Modeling and teaching students about COVID air particles and how they spread in the air. Explaining that we can work together to be safe.
 - Teaching and modeling about wearing face shields/ face masks and about covering mouths with a tissue when they sneeze or cough and throwing out the tissue immediately. We will also teach and practice sneezing or coughing into the bend of the elbow.
 - Practice giving waves, fist or elbow bumps instead of handshakes or hugs.
 Teachers will explain that this lowers risk of spreading the virus.
 - Instructing how social distancing keeps people safe and pointing out the areas in the POD and School where students must be vigilant about staying apart.
 - Encouraging students to eat a balanced diet, get enough sleep, and exercise regularly to help them develop strong immune systems to fight off illness.
 - Parents will be informed of the isolation sick room policy:

Students with flu-like symptoms will be isolated and sent home utilizing a supervised isolation area in the school; Access to this room will be strictly limited and monitored (Children will be escorted to and from the isolation area, including when parents arrive in the front office to pick up their ill child); Signage will alert others to stay out of this room; a carefully monitored student checkout system will be activated at the front door of the school

- Staff who become ill after coming to school will go home. If they can teach remotely, that will be encouraged to do so. If not, coverage will need to be arranged to maintain instruction.
- Highly visual signage at entry doors, at bathroom doors, in PODS, and in hallways
 will clearly state healthy practices and expectation for facial coverings and social
 distancing. Signs will clearly ask people to stay home if they are feeling ill.
- Six feet decals on hallway floors will serve as a visual reminder to students.
- Periodic communication will occur to families via electronic messaging to refresh and remind that health and safety rules are still being followed at school.
- If, in fact, a group of students and staff in a POD becomes exposed to the virus, RIDOH will be notified. The School will follow guidance from RIDOH.
- If anyone in the POD demonstrates symptoms, this occurrence will be treated as
 a presumptive positive for testing until we know better. Parents, students, and
 faculty will immediately be notified that the individuals affected will be
 quarantined at home for 10 days as a precaution. Children and teachers will
 continue attending school, from home, as distance learning for these students
 will automatically be implemented.
- Cleaning and disinfecting will occur immediately before the contaminated or exposed space can be used again by anyone.
- These measures will be implemented for short term recovery. For long term recovery (if multiple PODS become exposed at the same time) the school may need to fully move to distance learning, until such time as the threat is less severe.

Cleaning and Maintenance

STAFF TRAINING

All maintenance staff will review and receive a training that includes proper cleaning and sanitizing procedures and use of PPE as it specifically relates to the SARS CoV2 virus, by referencing CDC guidelines for:

"Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes" (https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html)

Maintenance staff will consistently wear masks and appropriate PPE except when working outdoors (landscaping, shoveling, etc.) and socially distanced.

CLEANING

Maintenance and cleaning staff understand the seriousness of providing additional cleaning and sanitizing in the building to maintain a safe learning and working environment. They already steward the building and grounds well, and have now been trained in the particular concerns surrounding disinfecting against the novel Coronavirus.

We have ordered two new (2) hydrochlorous acid disinfecting units (See Appendix.) to facilitate the speed and thoroughness of the disinfecting process throughout the day.

As always, the plan for our maintenance department is to support the mission of our school.

Our existing cleaning plan will be modified and augmented, in order to ensure to the greatest degree possible, the health, safety and well-being of students, Audiology Clinic visitors, teachers and staff. Although Covid19 has changed our way of life and thus our daily routines at our school, the good news is that the SARS CoV2 virus is easily killed with faithful use of many types of good disinfectants consistent with CDC and local health policy guidelines.

At our school we are using two different disinfectants:

Genesan EPA Reg #. 10324-80-85023 Hypochlorus Acid solution, generated by a Geneon Trio Rx EPA reg # 91112-2

These supplies, along with hand soap, hand sanitizer and regular cleaning supplies have been purchased in greater quantities with an awareness that we will need more than in a typical school year.

In order to apply the above listed disinfectants quickly and thoroughly, we have purchased two *Motorscrubber Storm back-pack sprayers*, specifically designed for sanitizing commercial spaces.

Scheduled cleaning and sanitization will be performed throughout the day and will remain flexible in order to accommodate whatever the various school programs need. We have assigned 4 full time staff to be available for cleaning throughout the day. Staff have been trained to clean all areas based on CDC recommendations for proper cleaning and sanitization on all types of surfaces .

https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html

Building cleaning assessment has been performed using the CDC Guidance for Cleaning and Disinfecting tool (reference: https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html)

Staff will review cleaning procedures one week prior to re-entry day and will re-sanitize the entire building during the week prior start of school. (August 24th)

TRANSPORTATION VEHICLES – Cleaning practices will also apply to all school vehicles used to transport students, teachers or staff. These will be cleaned daily as used.

RISDeaf feels confident that we have prepared the building well, that our building lends itself well to this plan, and we have the equipment, trained staff, and sufficient supplies to be flexible and responsive as needed to ensure safety or on-site, in-person learning.

Maintenance

Our current maintenance schedule is pro-active and responsive. Requests funnel into a central scheduling protocol. Our current practices will continue, with requests from the Nurse and those related to safety and disinfecting taking priority.

See Appendix for equipment purchase descriptions and SDS sheets

On-site Audiology Clinic Protocols CONSIDERATIONS FOR RE-OPENING THE AUDIOLOGY CENTER DURING COVID-19

Our Audiology Clinic, a licensed medical facility under RIDOH, was closed for 14 weeks due to COVID 19 precautions. It reopened to Rhode Island's families on June 22, 2020. The Clinic serves Rhode Island's children 6 months to age 18 years, by providing hearing screenings at no cost. Many are referred through our school screening program, others through their pediatricians, and many through their school districts or early intervention agencies. Parents may also refer if they have a concern. A long wait list was in place due to the long closure.

We are pleased with the successful reopening. The following accommodations and safety precautions served as our guidelines.

INFECTION CONTROL AND PREVENTION:

This is paramount in order to protect the child and parent/guardian, clinician, and coworkers from the spread of the coronavirus, as social distance cannot be maintained while conducting an audiological evaluation.

- 1-Use of PPE (Personal Protective Equipment) for the Audiologists is required including:
 - Face masks: The Clear Mask or The Communicator which provide access to visual cues (lip reading).
 - Standard surgical facemasks
 - Face Shields
 - Gloves
 - Isolation Gowns
 - Scrubs
- 2- Availability of infection control supplies such as tissues, hand soap, uncovered waste receptacles, and alcohol sanitizer containing at least 60% alcohol in the waiting room, audiology offices, testing booths, etc.
- 3-Use of disposable audiology supplies such as disposable ear tips, disposable otoscope specula, disposable insert earphones, and disposable earphone covers to conduct audiological testing.
- 4- Use of EPA-registered disinfectants to conduct thorough cleaning of all surfaces and audiological equipment between appointments.
- 5- Daily cleaning/disinfecting with EPA-registered products of the Audiology Center area including the waiting room, bathroom, audiology offices and testing booths conducted

by the janitorial team from the Rhode Island School for the Deaf.

- 6- Keep the door leading to the Audiology Center open to avoid touching doorknobs.
- 7- Clean frequently touched areas in the waiting room area using EPA-registered disinfectants, (counters, furniture, doorknobs, etc.) after each appointment. Janitorial personnel and/or the receptionist will be responsible for this.
- 8- Reduce caseload and increase time between appointments to allow enough time for cleaning and disinfecting between appointments.
- 9- Appointments will be staggered between the two educational audiologists to avoid families arriving at the same time.
- 10. Install a physical barrier (plastic shield) at the reception desk area.

BEFORE RE-OPENING THE AUDIOLOGY CENTER:

- 1. We refer to the "Guidance for Preparing Workplaces during COVID-19" from OSHA in order to provide a safe and healthy workplace. It concentrates on the need for implementing engineering, administrative and work practice controls and PPE and the considerations for doing it. The CDC also offers guidance for keeping the workplace safe.
- 2. Make sure all infection control equipment and EPA-registered supplies are available, and assigned personnel are available to execute daily thorough cleaning and disinfecting procedures. Remember that COVID can live on surfaces for some time.
- 3- Placing signs and posters in strategic places at the entrance and in the waiting room, providing instruction in hand hygiene, respiratory hygiene and cough etiquette, and other relevant COVID-19 prevention information in English and Spanish.
- 4. Prepare the waiting room and audiology offices to ensure safe social distancing. Eliminate waiting room seating and cover rest room signs, as they will not be available to the public except for an emergency.
- 5. Remove toys, magazines, pens, and eliminate child furniture in the waiting room.
- 6. Meet with all staff involved in the re-opening of the Audiology Center and discuss concerns, schedules, routines, and protocols.
- 7. Training should be provided for the proper use and management of PPE.

- 8. Post information on the Rhode Island School for the Deaf web page regarding the opening of the Audiology Center and that a plan has been put in place to keep the child and parent/guardian as safe as possible.
- 9. Post detailed directions in English and Spanish in the Rhode Island School for the Deaf web page to facilitate arrival to the appointment on time.
- 10. When scheduling an appointment:
 - Inform the parent/guardian to call the Audiology Center upon arrival to the parking lot of the building. Remain in car until instructed to come to the door.
 - Inform the parent/guardian that a series of questions to screen for COVID-19 will be asked at that time over the phone and at the entrance of the building upon arrival.
 - Instruct the parent/guardian to call ahead and re-schedule if they or the child develop a fever or COVID-19 symptoms on the day of the appointment.
 - Verify spelling of their name and last name.
 - Ask parent/guardian to provide their email address.
 - Ask parent/guardian to provide the best time to call for appointment reminder and pre-screen.
 - Add email address and best time to call in the schedule under Comments.
 - Inform parent/guardian of the policy of allowing only one family member accompanying the child to the appointment.
 - Inform the parent/guardian that if pregnant, she should not accompany the child to the appointment as she is considered a vulnerable, high risk population for COVID-19.
 - Inform parent/guardian that they and their child need to wear a face mask before entering the building except if the child is under the age of 2.
- 11. Pre-screen the clients over the phone the day before their appointment and enter responses. Maintain logs for 60 days.

"Have you had any of the following symptoms in the past 14 days?"

- Cough
- Fever of 100F or above
- Shortness of breath or chest pains
- Sore throat
- Runny nose/stuffy nose
- Chills
- Muscle pain
- Diarrhea
- Lost your sense of taste and smell if only temporarily

- "Have you returned from international travel or returned from a cruise ship in the last 14 days?"
 - "-Have you traveled within the U.S. in the last 14 days?"
 - -"Have you had e a known exposure to someone with, or under investigation for COVID-19?"
- 12. If the answer is yes to any of these questions, the client should be referred to their PCP and the appointment will be cancelled.
- 13- Inform parent/guardian that they will wait in their car to be called in when they arrive. They will be greeted at the entrance of the building and the COVID screening will be repeated.
- 14- Remind parent/guardian of the policy of allowing only one family member into the appointment accompanying the child.
- 15. Ask the parent/guardian to arrive on time, but not too early or too late to reduce the possibility of groups forming outside or families passing each other in close quarters.
- 16. Remind the parent/guardian that she/he, as well as the child, must wear a face mask before entering the building unless the child is under the age of 2 years.
- 17. Assure the parent/guardian that these procedures were put in place to promote their safety as well as the safety of the staff at the Audiology Center.
- 18. Provide curb side drop off/pick up services for in-house repairs, and cleaning of hearing aids, earmolds, and hearing assistive technology and batteries.
- 19. Update audiology office software to facilitate remote report writing, and remote access to audiology files.

ON THE DAY OF THE APPOINTMENT:

- 1. The audiologists should be wearing a face mask, gloves, face shield, scrubs and/or isolation gown all the time.
- 2. Gloves will be replaced after each client. Handwashing before putting gloves and after removing them.
- 3. A designated staff member will greet parent/guardian and child at the entrance of the building and instruct them to clean their hands with an alcohol-based hand sanitizer placed near each door. Screen parent/guardian and child for COVID-19 symptoms. Ask

the same questions as the pre-screen, and provide face masks if needed.

- 4. Advise parent/guardian to contact their PCP if anyone does not pass the screening. The appointment will be cancelled, and the parent/guardian will be asked to call to re-schedule via phone call or e-mail. The designated staff member will conduct this procedure while wearing a facemask and any other appropriate PPE.
- 5. Do not allow unnecessary people, including clinicians (i.e. Early Intervention provider), and non-essential family members into the building. Only allow the parent/guardian and the child into the building when it's time for their appointment. Others will be advised to wait in their car/s.
- 6. The receptionist will log in the name of the patient and time of arrival and departure and notify the clinician that the patient is waiting outside. The clinician will meet the family at the door and escort them to a testing booth.
- 7. Obtain demographic information, case history, give instructions, review test results, recommendations, etc. with at least 6 feet between everyone, or through the control side of the booth when possible.
- 8. Inform parent/guardian that a copy of the hearing test results will be emailed or mailed to them depending upon their preference and for them to share with the child's pediatrician, school nurses and any other relevant service providers.
- 9. Test results will be faxed to the child's school if the child was referred through the Hearing Screening Program or a release of information was received from the school. Test results will be faxed to the child's PCP if a referral was received from the PCP.
- 10. If a child is identified with a hearing loss and was not referred by their PCP, school, etc., their parent/guardian will be asked to sign an authorization to release confidential information to share with their PCP, and other providers as deemed necessary.
- 11. If the child requires follow up hearing test, the parent/guardian will be advised to call or email the Audiology Center, to schedule the follow up visit.
- 12. All areas of the Audiology Center (waiting room, bathroom, ATT area, audiologist offices, and sound booths) will be thoroughly cleaned and disinfected daily using CDC and OSHA guidelines. Equipment is very sensitive in the audiology booths and must be hand wiped or use safety film barriers as protection for levers and keys.

The reopening has been safe and smooth, thus far. These procedures will be reviewed regularly and revised as we learn more about COVID-19 and according to state and national direction and guidance.

B. INSTRUCTION/ ACADEMIC RECOVERY, ACCELERATION, REMEDIATION AND INTERVENTION

- Our primary goal is to bring students face-to-face for in-person instruction through ASL/English, but we acknowledge that this coming year will most likely be a careful blend of in-person and distance learning. We anticipate that this back and forth will be confusing for our students, particularly those with additional learning challenges. We want our students to be prepared for both opportunities and will focus on helping them build skills in both learning models.
- Our Preschool through Grade 6 students will return on the first day of school to their original classrooms that they hurriedly left on March 17th. These young students will remain with their familiar teacher for the first 8 weeks of school; a very short-term looping model with an SEL focus woven throughout.
- During these 8 weeks, the familiar teachers will use Responsive Classroom techniques to model and instruct the new "normal" at school using ASL: arrival and dismissal routines, frequent handwashing, social distancing in classrooms and on the playground, daily face shield use, clear understanding of consequences-vocabulary regarding what this pandemic means, and the importance of being proactive about staying healthy. DL will also be discussed, comparing what happened in Spring 2020 and the new expectations as students promote forward.
- This 8-week term will be used to help us reconnect with children who have been isolated and/or without formal language at home, allow children to reconnect with friends they have not seen, assess the child's understanding of curriculum taught last year, determine current language skills, and to measure possible regression in academic content with progress toward IEP goals. Formative and summative assessment will be used, as well as those experiences that children will share from their time learning remotely. We see this as a critical and necessary step before advancing the curriculum. We are aware that for quite a few of our students, the Spring term was not an equitable and effective experience. They were lonely, confused and unable to jump on the DL journey in a way that was emotionally healthy.
- DL schedules will be designed and disseminated at the start of school in these familiar classrooms, so that families and students will already be familiar with the schedule for at-home learning, hopefully allowing any transitions to occur smoothly right from the start.
- During these 8 weeks, in addition to teaching and assessment, teachers will dedicate classroom time to clarify the goals and purpose of distance learning, modeling what distance learning can look like, how technology will be used and

accessed, successful etiquette on-screen, tools and shortcuts, uploading work and how to follow the classroom DL schedule. Students will learn about blended schedules and understand how the school year will be structured in case of a COVID outbreak at school. These students had no opportunity to get prepared for DL previously, and we are confident that this time of preparation is an important opportunity for them to get off on a better foot this upcoming year.

- It is important to us that every student feels like they belong in their classroom. In the fall, our district will be rolling out a "diversity and equity initiative" to provide students the opportunity to learn more about race and racism, share their experiences, and discuss the most recent events which we are sure many of our students do not understand. Lessons will be developed to be age-appropriate for each grade level school-wide.
- HS students will be paired with younger students (a Big Brother/Big Sister on-line pairing) during the first term at school to mentor and model the above skills through practice activities and interactive exercises.
- Our Seniors will return to present their Senior Capstone projects to a live audience during this time, as well.
- At the end of the 8-week term, promotion exercises that were missed will happen in their PODS, and our Seniors will return for a smaller, but just as meaningful, formal graduation on Friday, October 30, 2020.
- Teachers will be provided sufficient time to review the assessment data and meet with the former teacher to plan for and to set up their new classrooms in anticipation of receiving their new groupings on November 2, 2020.
- Parents will come in for workshops on our blended year ahead at school at the end of this recovery term: September 28 and 29, 2020, one in Spanish/ ASL and one in English/ASL.
- Expectations of rigor and moving steadily into advancing the curriculum, no matter what model we are implementing, will be a continued focus of professional development.
- We will extend the Preschool day to a full day model in order to provide more intensive language development in various aspects of learning and play. (They currently leave at 1 PM.)

- Responsive Classroom approaches will be used in elementary and middle school in order to guide students through building their new and unfamiliar blended community model skills and aid in social emotional learning throughout the changes.
- High School teachers use Developmental Design techniques to support students learning new habits and routines. This will address social and emotional learning within the curriculum as a matter of relevance to the content.
- During Advisory, teachers will have the opportunity to offer students relevant support to the changes around them and students will have the opportunity to express themselves, ask questions, support one another and elect for private discussion with the school counselor.
- Within the first few days of school, students will test using STAR to determine their present scores in both math and reading. These scores will be charted to determine regressive slides and possible gains in comparison to when they were least taken in early Spring 2020
- Teachers will engage in data protocols in order to analyze trends, and prepare scaffolded instruction that supports an academic bridge between where they left in the Spring and readiness for the Fall.
- In addition to STAR testing, teachers will procure writing samples and engage in similar data analysis in comparison to where students left in Spring 2020.
- Teachers will embed both skill recovery and IEP goals within the curriculum and meet students where they are through differentiated groups within each POD.
- Teachers will collaborate in order to provide credit bearing intervention within present curriculum. Intervention will be data driven and target based.
- Curricula choices will be made based on the data analysis and implemented fully with biweekly formative assessments in order to progress monitor:
 - In elementary, where teachers are looping with their students, they will return to curricula from the 19-20 school year and ensure completion and readiness of skills to move forward within the 8 week period. This time will be focused on recovery.
 - Middle School and High School students will have the first 6 weeks for teachers to embed acceleration skills into their current curriculum and teach

safety and self-care throughout.

- Biweekly progress monitoring will occur three times in order to prepare final curriculum assignments and re-grouping needs.
- Both core and elective teachers will create active, online classrooms via Google Classroom with which to open the Fall semester and engage students in how to access and use the platform in order to prepare for the possibility of returning to DL. This component will remain an active part of class in order to ensure student readiness should there be a return to DL. Within a live classroom room, DL models will be used to prepare students and aid in our need to socially distance.
- All core curricula have intervention components related to language, pace, remediation and assessment. We have used them previously to address gaps and will rely on them to serve the needs of students requiring additional supports.
- All online aspects and subscriptions of curricula will be renewed and utilized more specifically in all classes to both supplement student needs in the classroom and prepare for the possibility of long term distance learning. Online components are available for all core subjects at all levels. These will be used in their online platform within the classroom in order to ensure a deeper level of understanding.
- Online learning classes will be determined in early Fall. Live classroom dynamics and online classroom dynamics differ greatly. In order to ensure student engagement and advancement of the curriculum. Online learning groups will need to be more specific such as smaller and more specific to learning style. This will allow teachers to ensure that online rigor is equal to in class rigor.
- In in-person classrooms, teachers will use co-teaching models in addition to specialist push-in models to include small groups in order to address the needs of all learners including the spectrum of those who have struggled and the students who have thrived. This will differ in distance learning where more focus will be on single teacher experiences.
- After the 8 week recovery time, teachers will continue with biweekly progress monitoring and data meetings in order to keep students apprised of their progress but to ensure awareness and readiness should there be a return to DL.
- As students and teachers are expecting times of self-quarantine due to potential exposure to it, learning will not be disrupted as the online components remain active and technology will allow for active participation until return to class.

- Report cards will continue to include more narrative pieces addressing specifically how students are progressing. Additionally, progress reports will be more specific to skills/targets achieved in order to parse student needs.
- Handbook policies will be updated to include online expectations from both students and parents related to attendance, participation, expectations, and work submitted.
- ASL classes will continue to be offered virtually to parents.
- No in-person field trips will be permitted until further notice. Virtual field trips will be encouraged.
- Classroom materials will not be shared outside of the classroom. Duplicate purchases have been made to avoid younger children needing to share toys and manipulatives.
- Community school-to-work opportunities will be curtailed until further notice, however opportunities to build work skills for Transition students with in the school building will be increased.

Safety at East Providence Career and Tech Center (EPCTC)

During the 2020-2021 school year, eleven high school students from the Rhode Island School for the Deaf (RISD) will attend the East Providence Career and Tech Center (EPCTC) in one of four programs including Culinary Arts, Auto Tech, Construction, and Pre-Engineering. In the past, students have attended those classes from 7:25am-9:30am, Monday, Tuesday, Thursday, and Friday. After classes, they were transported by RISDeaf staff on a RISDeaf school vehicle to continue their academic day at the Rhode Island School for the Deaf. On Wednesdays, the East Providence School department engaged in district-wide initiatives and instruction was interrupted, so our students attended the Rhode Island School for the Deaf all day. We are working in collaboration with the Principal at EPCTC to determine the schedule for this year based on the Re-Entry Plan for the East Providence School Department.

When Re-Entry Plans are approved and schedules are finalized, the students and families will be invited to attend a Zoom meeting with the Assistant Principal for Secondary Grades of the Rhode Island School for the Deaf to review schedules and protocols outlined in the East Providence Career and Tech Center's Re-Entry Plan as well as protocols for the Rhode Island School for the Deaf.

Protocol for Entering RISD after attending EPCTC

There will be eleven students attending EPCTC and returning to RISD on RISD vehicles. On the days when they return from the EPCTC, students will:

- Continue to observe proper social distancing
- Enter through the Main Entrance and sign-in at a desk located outside the Audiology Clinic in the front foyer before entering the school. They will be asked the COVID screening questions there.
- Go to room 508, wash their hands and change masks.
- Students will remain in room 508 and the open central space while waiting for their next class to begin. They will proceed to their period C class at 9:53am.

• Special Education Services

1. Develop a plan to revisit students Individualized Education Plans in partnership with teachers and parents to reflect evolving needs

RISDeaf is working closely with the families of students all students to ensure IEPs address students' needs while also reflecting the new reality of virtual learning. District special education staff will continue to partner with families over the summer and into the fall to ensure each students' needs are appropriately addressed. Below are options being considered to maximize accelerated recovery educational services upon return to school in August.

- RISDeaf will communicate the options with parents and conduct meetings to make team
 decisions regarding flexible development and implementation of IEP goals and services
 that are responsive to the required three reopening scenarios and mindful of changes
 that may occur within those scenarios based on the impact of COVID-19 moving
 forward.
- RISDeaf will provide co-teaching supports only when classes meet in person (hybrid) or when they are synchronous (remote). When co-teaching in person introduces support staff not exclusive to the POD, all COVID-19 health and safety protocols will be followed to ensure the well-being of students and staff.
- RISDeaf may provide pull-out speech services in person and remotely on hybrid schedules to maximize time with the classroom teacher. Students who were unsuccessful receiving therapy remotely will be prioritized for in person therapy.
- RISDeaf may offer resource room supports two times a week instead of every day, given that Zoom based support can be tedious for the child (i.e., Reading Specialist type support)
- RISDeaf may work with families to delay/waive physical therapy, occupational therapy, or addressing school related social emotional goals (i.e. increased time in the classroom,

less support for in school transitions) until in person is practical or should instruction revert to distance learning for an extended period of time.

 RISDeaf will explore shifting from special education academic support to general ed support, especially while all students will be receiving accelerated recovery instruction and assessment the first 8 weeks of school.

2. Identify the district approach to providing co-teaching services, push-in service, pull out services, and related services (in both remote and in-person settings)

- All content area teachers at RISDeaf are also certified teachers of the deaf, thus they
 deliver specialized instruction as well as instruction in the general education curriculum.
 Co-teaching may be across contents and at times during ELA classes, the speech and
 language therapists may co-teach when the emphasis is on language development. This
 is more challenging virtually.
- At the Preschool and Kindergarten level, related service providers provide push-in services for the majority of the services outlined in student's IEPs for in-person settings.
- Push-in was very challenging virtually. This youngest age group was perhaps the most difficult group to reach through distance learning. Maintaining their focus and attention to the screen one-on -one was difficult. When we attempted to add an additional adult to the lesson it became even more difficult. During distance learning we were most successful providing related services 1:1 virtually and/or providing activity packets to the parents and meeting with them regularly to provide guidance and collect information on student progress.
- For the other grade levels, elementary, middle and high school, in-person settings, services are provided both through the push-in model and the pull-out model. The model of service delivery is dependent on the IEP goal and how it aligns with activities of learning in the classroom. For example, if a student has an articulation goal for spoken English, if that student had a class where spoken English was the language of instruction than that service could possibly be delivered via the push-in model. However, if the student only has classes where the language of instruction is ASL then the service would be delivered via the pull-out model. When students are provided services through the pull-out model great care is taken to minimize the time they are out of the classroom during content instruction especially in ELA and math. Pull out will occur with services being brought to the child's POD, rather than the student leaving the POD to move to the therapy area.
- For the other grade levels, elementary, middle and high school, virtual push-in services were difficult. Again, trying to deliver instruction through an online meeting platform with two staff was difficult. With more than one person delivering instruction, students had to locate the speaker who was in fact not speaking but signing. This cut into

instructional time and broke up the fluidness of instruction making it difficult for students to maintain focus and attention and causing fatigue.

• One model we used was to have a related service provider join a teacher's lesson and after the group instruction portion the teacher would create a breakout room for the service provider and a student or small group of students. This improved attendance to related service sessions for students who struggled with following schedules and remembering to sign on to different meetings throughout the day. The primary model for related services for this age group is similar to the model used with the younger students. When using the distance learning approach, we will provide related services 1:1 face to face remotely and/or provide activity packets to the parents and meet with them regularly to provide guidance and collect information on student progress. The activity packet and parent guidance alternative, is primarily used for those related services or IEP goals that are difficult to work on remotely and that require in person contact to effectively address. This alternative may also be used for students who are unable to engage remotely. Student remote sessions are scheduled around classroom schedules so as not to interfere with content instruction whenever possible.

Q. Identify what services to differently abled students were not possible during the spring semester. Determine how those services will be provided or adjusted in partnership with families. How will the district make up for any missed (re-) evaluation meetings from the spring?

- Initially IEP goals were reviewed to determine which were specifically school related and did not seem appropriate or possible to address while the school was closed, and instruction transitioned to the distance learning model. Examples include; increased time in class, mastering mobility routes within the school, peer interaction goals, auditory training goals etc. Going through this exercise helped us to focus and prioritize what goals the related service providers would work on with the students remotely and where possible what they might provide in the way of activities that the parents could carry out with their children as they could engage in in person activities and exercises.
- All related service providers met with all assigned students. They were just not able to
 work on all goals with students and/or their primary focus was to provide models and
 guidance to the parents who would actually have to lead the activities in person. This
 was most especially true for many physical therapy goals, and some occupational
 therapy, speech and language, and social emotional/behavior goals.
- There were students who had difficulty attending scheduled sessions consistently and there were some issues with connectivity in students' homes on occasion that made therapy more challenging during some sessions.

- During distance learning, data was collected by therapists or through parent report for
 the goals that required their participation. Currently June IEP progress reports are being
 reviewed to determine which goals students made expected progress on during
 distance learning. In August when school starts related service providers will assess
 student progress toward IEP goals to identify students who did not make gains or are
 who show significant regression and determine priority areas of need. Conversely, they
 will identify students who have maintained close to or the expected progress as outlined
 in their IEP goals.
- Logs have been kept of all scheduled related service sessions, whether or not the student attended, the duration of the session and the reason the student did not attend if they missed it. For those instances where the school was accountable for a missed session that will be entered into the compensatory service log. When the goals required in-person assistance and the parent provided that assistance with guidance from the related service provider, we will look at student progress and if they have not approached the anticipated progress as outlined in the IEP those sessions will be entered into the compensatory service log. Quantity of compensatory services will be compared with student progress and a draft plan for each student will be developed in preparation for meeting with the parent to discuss plans and next steps.
- We will consider working with families to waive compensatory services that would become overwhelming to the student so that they are not constantly being pulled from class (i.e. having to pull a student out of multiple classes to provide twice as much speech and language sessions per week).
- We will consider working with families to waive compensatory services that could be unnecessary based on student progress in relation to their IEP goals, and in comparison, to the progress made by all students as a result of school closure and distance learning.
- We will work with families to develop a plan to spread out the compensatory services over the school year rather than cramming all of the services in the first few months, in order to avoid, whenever possible, having compensatory services take place during classroom instruction.
- We will work with families to amend IEPs where goals and/or services may need to be modified based on the child's response to distance learning. His would include modifications based on both positive and negative responses to DL
- We have two students for whom we have outstanding signed consents and we are completing those re-evaluations over the summer in-person, using proper precautions.
 We have no outstanding initial evaluations. In August, when school resumes, we will

begin to obtain consent and schedule the remaining re-evaluations from the spring semester.

Staff Supports

The district acknowledges that the students are not the only ones who have been isolated and now feel anxious about returning to school. Many staff are apprehensive about returning to work. The district is committed to listening and remaining open minded about what staff may want/ need to feel safe returning to work. We have recently surveyed the staff for input.

We have invested in the proper cleaning materials and separation barriers to keep staff safe at work. All staff will receive fully clear masks for use at school. If they also prefer a face shield, in order to wear both, this will be provided.

The Safety Committee will be revived, and teachers and staff will be encouraged to make up a large part of this group, so that they can evaluate safety plans and make recommendations directly.

When students return to school in the fall there will be new safety precautions in place. To help teachers modify their instructional strategies to practice social distancing, the School will provide support to teachers on ways to modify best practices to meet social distancing guidelines and ways to adjust practices for remote instruction.

Regular supervision and feedback, PLC opportunities, and staff meetings will continue remotely through ZOOM and/or in-person through proper social distancing. When a cohort is at home learning remotely, PLCs and supervision, and staff meetings will happen remotely.

Regular PD opportunities will be offered for staff along with regular times to meet with each other for collaboration and to spend time together.

The district is aware that in a remote or hybrid learning environment, using technology well will be instrumental in delivering good lessons. To prepare for the upcoming school year, all of our educators will receive additional training on the technological platforms and apps the district will use. Teachers will be able to work together to practice using these and to discuss create ways to creatively incorporate new technology.

• To make communication more successful for teachers and families , we have purchased a subscription to Language Line, a translation company online that provides live interpreters in all the languages that our parents speak at home. This will allow more direct school-to-home communication.

Emotional and mental health self-screenings for staff are available:

Mental Health America Self-Screening Tool,

Mind-Wise Self Screening Tool

RI Trust Health Matters Portal

Butler Hospital Emergency Services and Assessment

We will ensure that staff are aware that, as State employees, our teachers can also take advantage of RI Employee Assistance programs.

Other general resources to support staff:

https://casel.org/resources-covid/

• Family and Community Engagement

- Teachers will reach out to parents at start of school and frequently thereafter. For providing updates and making class expectations clear.
- To make communication more successful for teachers and families, we have purchased a subscription to Language Line, a translation company online that provides live interpreters in all the languages our parents speak at home.
- Open Houses and parent-teacher meetings will happen virtually this year. We will use ASL interpreters and language translators virtually to make this successful.
- Our Empowerment Team/ CAB will meet regularly to assess the new plans.

B. SOCIAL-EMOTIONAL AND MENTAL HEALTH SUPPORT

Mental Health Liaison to RIDE: Joseph Batiano, LMHC – School Counselor

Planning for Supporting Social-Emotional Health

We are concerned that many of our students are repeatedly expressing loneliness and isolation. RISDeaf will continue to share helpful information for parents and other caregivers on how to reduce children's anxiety and reinforce their coping skills. This will be provided in the family's language of choice.

• With so many confusing changes happening, the district wants to ensure that every student feels comfortable and excited to attend school. To make this happen, we have decided to ensure that our younger students are supported by familiar teachers for the first 8 weeks of school. This short term looping is a deliberate design to help children ease

back in to a formal school day filled with new routines and protocols. Morning meetings will restart and teachers will check in frequently to assess student's comfort and possible fears.

- RISDeaf will let students know that adults are working to ensure their safety.
 Especially among younger students, controllability of the situation is increased when they understand that adults are working hard to shield them from danger. For older students, to the extent such information is accurate and available, this may include bringing to their attention advances being made in finding vaccines and effective treatments.
- We will share helpful information for parents and other caregivers on how to reduce children's anxiety and reinforce their coping skills, using <u>guidance</u> from NASP, ASCA, and NASN.) in parent's language of choice. This information will be added to our Community BLOG as a resource page, a central location for parents who may need quick reference at any time. Information may include access to resources such mindfulness; breathing and other stress relieving exercises, articles and activities, requests to make appointments, etc.
- Students and staff will be screened at entry doors in as neutral manner as possible prior to moving to classrooms or other areas of the building.
- We will communicate facts and updated information to students in developmentally appropriate ways.
- We will communicate facts and updated information to families in their reading language of choice.

Mental Health

- School personnel already have a procedure in place for recommending a student to the School Counselor or Social Worker when it is clear that a child is struggling or of concern. Staff are trained annually in their responsibility to report suspected neglect or abuse.
- Staff should communicate to parents who to contact if their child is having difficulties as a
 result of anxiety or stress related to the illness. Appropriate personnel would include the
 school nurse, school psychologist, school counselor, or school social worker.
 These professionals are able to give guidance and support to students at school. Contacts
 for community supports who can provide help using ASL will also be provided.
- Especially among primary grade students, teachers will model their understanding that the danger presented by a situation is determined by the behavior of caregiving adults. Teachers will ensure behavior of these caregivers is consistent with the objective threat presented by the infectious disease outbreak.

• The School already has a trained crisis response team in place. These professionals, all bilingual; one trilingual, are available to screen, assess threat levels, and provide guidance and resources to Administration, faculty, and families. They will continue in this role as we move back to school. Intervention, bullying and suicide policies already exist to guide us.

Specific awareness includes:

- Remaining calm and neutral, as students will react to and follow adult verbal and nonverbal reactions.
- Using clear and concise language, especially in ASL.
- Creating a calm and supportive environment for the students is paramount. Sharing basic
 information about the incident and providing psychological supports for students and staff
 who may need it assists in the recovery process. What adults say and do about the
 pandemic illness, current prevention efforts, and related events can either increase or
 decrease a child's anxiety.
- If true, emphasizing to students that they and their families are fine.
- Reminding younger students that the adults at their school are there to keep them safe and healthy.
- Letting students talk about their feelings and help reframe their concerns, using clear sign language, into the appropriate perspective.
- Students may need extra attention from adults and may want to talk about their concerns, fears, and questions. Make time to be available to students who seem fearful. It is important that students know they have someone who will listen to them—staff and parents should make time for them.
- Being honest with students, but trying to avoid providing excessive information.
- Staff will help children understand that when tensions are high, sometimes people try to blame someone. That does not make it true.
- It is important to avoid stereotyping any one group of people as responsible for the pandemic illness.
- Bullying or negative comments made toward others who may become ill should be stopped and reported to the Director.
- Being very aware of any comments that adults are having around students. Remind all staff that students are paying attention to what they adults may be saying.
- In the absence of factual information, students often imagine situations far worse than reality.

- Being careful not to dismiss student concerns, but instead provide factual information about the illness in developmentally appropriate messages.
- Providing developmentally appropriate information on how the pandemic illness is spread.
 Developmentally inappropriate information (i.e., information designed for adults) can cause anxiety or confusion, particularly in young students with less language skill.
- We must be mindful to be culturally sensitive regarding students and their families.

Recovery

- Counseling and social work services will continue to be offered. School personnel should
 communicate to parents who to contact if their child is having difficulties as a result of
 anxiety or stress related to the crisis event. Appropriate personnel would include the
 school nurse, school psychologist, school counselor, or school social worker. These
 professionals are able to give guidance and support to students at school.
- As the district tries to figure out how to provide high quality mental health services to
 every student that needs it, we have the opportunity to reflect on how tasks are divided
 among our staff. We will work with our mental health and counseling professionals to
 make sure they are able to maximize their expertise in the upcoming school year.
- When students return after a quarantine period, counseling staff will serve as a touchstone, checking in to help the student return in a supportive and as smooth a manner as possible.
- American School Counseling Association (ASCA) recommends the following, which we will seek to implement:
 - 1. Anticipate significant academic, emotional and social regression, yet try to build from some of the unique learning experiences students may have had at home.
 - 2. Recognize the potential negative impact of an environment that still requires minimized social interactions, face coverings and lack of shared manipulatives or toys to help de-stress. Schools may wish to invest in things like squeeze/stress balls for individual students.
 - 3. Establish an intentional focus on social and emotional skill-building, mental and behavioral health, personal safety and self-regulatory capacity, which likely regressed with a lack of social interactions.
 - 4. Avoid assuming that lack of demonstration of social skills represents willful disobedience or purposeful insubordination.

- 5. Be mindful that some students may have lost family members to this virus or have family members who are very ill. Talk about grief and be available for these students.
- 5. Social and emotional learning curriculum should be intentionally embedded into core academic subjects by teachers as much as possible to ensure they can be delivered in scenarios that would require an abbreviated school-day, hybrid virtual school day or an abrupt switch to virtual schooling.
- 7. If attendance drops due to higher rates of school refusal or if attendance becomes optional due to medically fragile students or family members, have a system in place for school-employed mental health professionals to check in with students and families during the timeframe COVID-19 may still be a threat.
- 8. Acknowledge the potential loss experienced by students who cannot participate in various activities that contribute to their development and sense of self (e.g., sports, performances, traveling) and respect those disappointments.

B- RE-OPENING OPERATIONS

Facilities and Maintenance

Since the school moved to DL in March, the Maintenance staff has inventoried and examined every part of the building for deep cleaning, repairs, upgrades and general updated maintenance. Equipment is readied for a healthy re-opening on-site and supplies have been ordered pro-actively.

AIR PURIFICATION - HVAC

The RI School for the Deaf is equipped with 3 separate DOAS (Dedicated Outside Air Supply) systems that provide 100% outside air to the building at all times.

There are numerous filters throughout the ductwork and modules of the system all of which have a MERV 13 rating. (reference: https://www.energyvanguard.com/blog/can-your-hvac-system-filter-out-coronavirus

We have contracted with an HVAC company to clean, inspect and certify our systems prior to the first day of re-entry.

This will include ensuring that all filters are clean with a MERV 13 rating or greater, the dampers are operating properly ,and that all evaporator coils and drain pans are cleaned and sanitized.

• Operations, Staffing, Scheduling, and Budget (See Appendix)

School will start for staff at 7:55 AM and the school day will end at 3:05 PM, as is typical for us. The only time change that will occur for students will be for Preschool students, who will now have a full day of school until 2:55 PM.

Schedules

We are fortunate to have small cohorts of students, ample space throughout the building, and wide corridors. However, given that we house students from preschool to High School in one building and provide Transition programming as well, scheduling can sometimes be a bear, as we share resources, support personnel and specialized teachers. This year, it works in our favor. We are able to arrange teacher prep times by cohort, allowing for little to no shared passing time in the hallways. In the art schedule, we have scheduled classes with time for thorough cleaning between cohorts.

Preschool, Elementary, and Kindergarten students will eat lunch in their PODs. School lunch will be delivered by cafeteria staff to those students getting school lunch. Middle School and High School students will eat in the cafeteria at staggered times giving maintenance staff time to do a thorough cleaning between groups. (see below for scheduled lunch times.) The cafeteria will be arranged to accommodate 29 students at one time with seating at desks 6 feet apart.

• School Breakfast and Lunch Procedures

Food Services Procedure Quarter 1

Breakfast

- Will be "grab and go," delivered to each POD by 7:45 AM with collection sheets.
 Breakfast aides will track who takes breakfast in order to reconcile with cafeteria/Ryan for inclusion in NutriKids software system.
- Cold Cambro units and storage bins will be purchased and used daily to distribute each "grab and go" meal with counts for each POD
- Cambro units and storage bins will be collected at 8:30 and disinfected
- Each area will have a small milk refrigerator for student milk storage.

Lunch

- Students will make lunch selections (A, B or C option) by 8:05 AM day of lunch; in advance is preferred. Lunch orders will be collected at 8:30 AM (by a Transition student) and brought to cafeteria for daily orders.
- Grab and go lunches will be delivered with milk for each student who get a school lunch and left outside of each POD (PS, ES, MS, HS) in cold Cambro unit and storage bins 10 minutes prior to lunch.

- Lunch aides will track who takes a lunch in order to reconcile with cafeteria/Ryan for inclusion in NutriKids software system.
- Cambros, cooler bags, and storage bins will be collected at 12:30 PM and disinfected.

Miscellaneous

- Order forms will be available in each POD for the week with each student's name for lunch selection
- Any meal that needs to contain a non-allergen or cross contamination risk will be delivered in a separate, identified bin for the identified student. Only that child should touch this.
- Cafeteria worker will have access to daily attendance information
- Any meal payment will need to be made directly to Ryan; no money or envelopes are to be left in food bins or with food carts
- Each "grab and go" meal (breakfast and lunch) will meet the guidelines set forth by the FSLP for nutritional content

Transportation

RISDeaf students are transported to and from school by Statewide Busing and other transportation companies. Each has its own cleaning protocols. We plan to have conversations with Statewide as we get closer about our plan. Very few students are transported to school by parents and family members, although that may increase this year.

The School does, however, transport 10-11 students, 4 mornings/ week, to and from East Providence Career and Technical Center where students attend career-related training from 7:30 AM-9:45 AM. In our vehicles, this stable cohort of students will sit in a staggered fashion and will use face masks.

In any situation where we do transport a student or a small group of students after school or to an appointment, staff and students will use face masks or shields (younger students) and will sit apart from each other.

Vehicles will be disinfected daily after use.

Technology

Technology Liaisons to RIDE: Amy Vincenzi, Assistant Director for Operations and Finance and Todd Furlong, IT Manager

- All school technology is bar coded for identification. Chrome Books are etched with the school name on the lid. All devices are inventoried and tracked on the IT Manager's database.
- 2. We will continue to disseminate, repair, and update Chromebook and iPads for students and staff. With the exception of Preschool, all students and staff will be expected to carry their portable technology back and forth to school and home every day. As devices break with age and overuse they will need to be replaced by the School, unless the breakage is deliberate. In these circumstances, the borrowing agreement calls for parents and students to pay the replacement fee. Should a cohort of students need to remain quarantined at home, the technology and programs loaded onto the devices provided by RISDeaf will be expected to be utilized for continued instruction through distance learning.
- 3. While students can do some work without Internet access, their interaction with teachers benefits much more from Internet access to move the curriculum forward by teaching new concepts and do more than simply hold the line against regression. Ensuring that families have affordable access to the Internet is the critical piece to making all of our plans for Fall 2020 successful for our students.

C- OUTREACH TO SCHOOL DISTRICTS AND CHARTERS

Our consultation services to school districts and charters will continue. As much consulting as possible will be done remotely to support district policies limiting visitors to schools.

- 1. Our Educational Audiologists will be available to set up equipment, provide technological assistance, and troubleshoot FM, hearing aid and cochlear implant connectivity issues, as needed.
- 2. The Outreach team will continue to provide on-site student assessments.
- 3. Outreach staff will wear masks and honor individual district protocols when onsite and follow social distancing guidelines while observing deaf and hard-of-hearing students wherever they are learning.
- 3. Fully clear masks are available at a small cost to districts through Outreach to ensure that better communication is made possible for their deaf/ hh students who rely upon lip reading and facial grammar for successful interactions in their classrooms.

D. SCHOOL RENTALS

Our school facilities are modern and attractive and used often by the public after school and in the evenings and weekends. To avoid potential contamination and spread of the virus, we have ceased all indoor rentals for the time being. We will reevaluate this policy change as the year progresses and COVID phased guidance is received from RIDOH. This will naturally result in reduced revenue, impacting the budgeted expenses to maintain the property going forward.

APPENDICES

Re-entry Resources and Reference Links

1. Guidance from RIDE on Returning to School

FAQ

- 2. COVID-19 Steps for Schools to Respond to a Pandemic
- 3. Educational Audiology Association Positions EAA COVID remote-learning.pdf

EAA position statement faceshields.pdf

- 4. Statement from the American Academy of Pediatrics
- 5. Re-Entry Guidance from ASCA
- 6. CEASD www.CEASD.org
- 7. Physical Education
 School Reentry Considerations K-12 PE-Health-PA.FINAL.pdf
 428 KB
- 7. The Clear Mask

AUDIOLOGY REFERENCES AND RESOURCES:

American Academy of Audiology (AAA)

American Speech-Language and Hearing Association (ASHA)

Audiology Online

Centers for Disease Control and Prevention (CDC)

Educational Audiology Association (EAA)

Oaktree Products & Infection Control

Occupational Safety and Health Administration (OSHA)

McKesson Medical Supplies

National Institutes of Health (NIH)

Rhode Island Department of Health

World Health Organization (WHO)

CLEANING AND AIR QUALITY EQUIPMENT ADDED:



HEPA AIR SCRUBBER

The B-Air® RA-650 is an portable <u>air scrubber</u> that removes airborne particles including mold, pet dander, dust, pollen, drywall dust, and other miscellaneous debris as small as 0.3 microns.

The RA-650 utilizes up to 3 stages of filtration including a pre-filter, optional 2nd stage, and a HEPA filter. The RA-650 Scrubber will create cleaner air in any environment. The pre-filter and second stage filter capture larger particles and the HEPA filter captures smaller particles. The filters are replaceable and made in Germany. The RA-650 Scrubber is C-ETL-US certified for unparalleled safety. This low amperage scrubber (2.5 amps) is daisy chainable with a GFCI port and the power indicator light comes standard.

All RA-650 Scrubbers come with the variable speed switch, allowing flexibility under different settings. The RA-650 Scrubber's motor is rated at 1/3 horsepower.

7-15-20



55% of communication is visual.

Traditional masks block faces and prevent our ability to see facial expressions and emotions, catch visual cues, and communicate.

theclearmask.com

Countertop Sneeze Shield, Acrylic, Three Panels – Clear for Speech/ Language Sessions

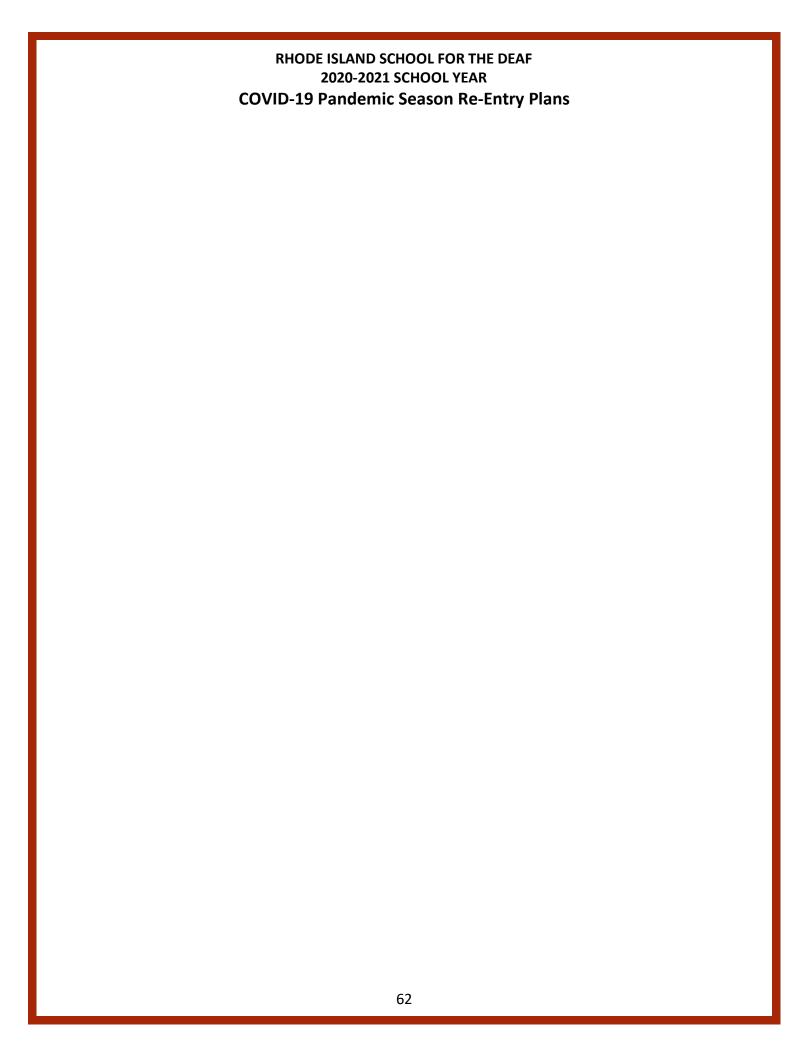
SKU: SMSDATFCB



Email Pin it Share Tweet

(3 Reviews)

- 46.5" Wide x 40" Tall
- 1/4" Clear Acrylic
- Tri-Fold Design with Hinges
- 3 Slots for Easy Business Transactions
- Counter Top Placement Style





Nursing separations

SDS sheets



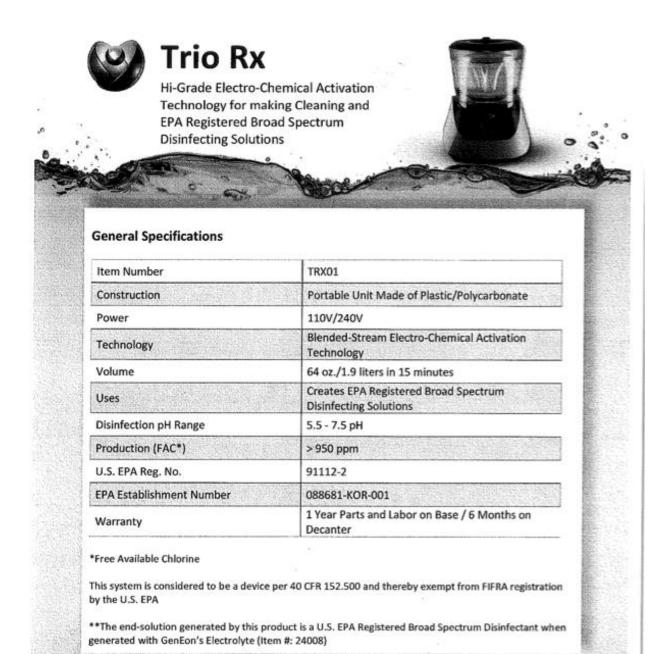
GenEon Microbiological Efficacy Sheet.pdf 782 KB



GenEon sds.pdf 466 KB



Master MicroBiological Test Tables.pdf 14 MB





www.geneontechnologies.com 866.217.0205







6/17

Art Schedule 2020-21

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
period A 8:05-9:00		PREP	PREP	PREP	PREP	PREP	
Period B 9:02-9:53		Middle School Art Q1- 4 students, 1 PCA Q2- 4 students Q3- 3 students, 1 PCA, 1 TA Q4- 5 Students					
Period C 9:55-10:46		Preschool In the preschool classroom 9:55-10:15- P1 10:20-10:40- P2	Preschool In the preschool classroom 9:55-10:15- P1 10:20-10:40- P2	Preschool In the preschool classroom 9:55-10:15- P1 10:20-10:40- P2	Preschool In the preschool classroom 9:55-10:15- P1 10:20-10:40- P2	Preschool In the preschool classroom 9:55-10:15- P1 10:20-10:40- P2	
		Cleaning and Disinfecting of the art room by the maintenance crew					
Period D 10:48-11:39		High School Art Q1- 5 students Q2- 7 students Q3- 4 students Q4- 6 students					
Lunch 11:42-12:14							
Period E 12:16-1:07		Cleaning and Disinfecting of the art room by the maintenance crew					
Period F 1:09-2:00		6 Elementary students	Kindergarten- 4 students in kindergarten classroom	Kindergarten-4 students in kindergarten classroom	8 Elementary Students	5 Elementary Students	
Period G 2:02-2:53		Q1- 5 students Q2- 4Students Q3- 8 Students, 1 Nur Q4- 5 Students	rse, 1 PCA, 1 TA			•	
		5 minutes (Cleanup)					

Rhode Island School for the Deaf Bell/Lunch Schedules 2020-2021

Knode Island Sc	hool for the Deaf Bell/Li	unch Schedules 2020-2021
High School Cohort = 31 25 Students 5 Teachers 1 Teacher Assistant (TA)	Middle School Cohort= 25 17 students 5 Teachers 1 Teacher Assistant (TA) 2 Personal Care Attendants (PCA)	Elementary Cohort = 35 23 Students 7 Teachers 1 Reading Specialist 2 Teacher Assistants (TA) 1 Personal Care Attendant (PCA) 1 Personal Nurse
Period A 8:05-9:00 (55 min) EPCTC- 11 Students RISD-Groups of 4 or less + 1 teacher	Period A Advisory 8:05-9:00 (55 min) Group A- 1 Teacher, 6 students, 1 TA, 2PCA Group B- 2 Teachers, 6 Students Group C- 2 Teachers, 5 Students	Period A 8:05-9:00 (55 min) Inclusion Class: 1 teacher, 1 TA, 1 PCA, 1Nurse, 8 students Kindergarten-4 students, 1 teacher, 1 Readi Specialist Grade 3/4- 1 Teacher, 5 students Grade 5/6- 1 Teacher, 5 Students
Period B 9:02-9:53 (51 min) EPCTC- 11 Students RISD-Groups of 4 or less + 1 teacher	Period B MS PREP 9:02-9:53 (51min)	Period B 9:02-9:53 (51 min) Inclusion Class: 1 teacher, 1 TA, 1 PCA, 1Nurse, 8 students Grade 3/4- 1 Teacher, 5 students Grade 5/6- 1 Teacher, 5 Students
Period C 9:55-10:46 (51 min) Group A- 2 teachers, 7 students Group B- 2 teachers, 18 Students	Academic Block Period C 9:55-10:46 (51 min) Period D 10:48-11:39 (51 min) Group A- 1 Teacher, 6 students, 1 TA, 2PCA Group B- 2 Teachers, 6 Students	Period C 9:55-10:46 (51 min) Inclusion Class: 1 teacher, 1 TA, 1 PCA, 1Nurse, 8 students Grade 3/4- 1 Teacher, 5 students Grade 5/6- 1 Teacher, 5 Students
Period D HS PREP 10:48-11:39 (51 min)	Group C- 2 Teachers, 5 Students	Period D 10:48-11:39 (51 min) Inclusion Class: 1 teacher, 1 TA, 1 PCA, 1Nurse, 8 students Grade 3/4- 1 Teacher, 5 students Grade 5/6- 1 Teacher, 5 Students
Lunch in the Cafeteria 11:42-12:12 (30 min) 25 students 1 Assistant Principal 1 Teacher Assistant	Period E ASL Read Aloud 11:41-12:32 (51 min) ASL Teacher plus Full Cohort of 25 Teachers/Students/TA/PCA	Period E 11:41-12:32 (51 min) Inclusion Class: 1 teacher, 1 TA, 1 PCA, 1Nurse, 8 students Grade 3/4- 1 Teacher, 5 students Grade 5/6- 1 Teacher, 5 Students
Period E 12:16-1:07 (51 min) 5 groups of 6 or less students	Lunch In the Cafeteria 12:36-1:06 (30 min)	Lunch (in Elementary Classrooms) 12:35-1:07 (32 min)
Period F 1:09-2:00 (51 min) 5 groups of 6 or less students	Academic Block period F 1:09 -2:00 (51 min) Period G 2:02-2:53 (51 min) Group A- 1 Teacher, 6 students, 1 TA, 2PCA	Period F 1:09-2:00 (51 min) K Prep Kindergarten-Alternating Days Art and PE: 4 students, 1 teacher, 1 TA
Period G 2:02-2:53 (51 min) 5 groups of 6 or less students	Group B- 2 Teachers, 6 Students Group C- 2 Teachers, 5 Students	Period G 2:02-2:53 (51 min) Elem Prep ASL 5 Students, 1 teacher Health- 8 students, 1 teacher, 1 TA, 1PCA, 1 Nurse CSC- 5 Students, 1 teacher

Additional Re-entry Budget (School)

FY2021 Expenses

Vimeo	\$241.00		
Face Shields (over head)	\$756.00		
Disposable Face Masks (nursing)	\$247.92		
2 Generon Trio RX- Generator Disinfectant Machine	\$3,996.68	(\$1998.34/ea)	
Trio RX supplies	\$750.00		
Hand Saniziter (bottles)	\$864.00		
Hand Sanitizer (wall dispensers)	\$750.00		
Sani Cloths (alcohol free wipes)	\$931.20		
Gloves	\$2,480.00	(40 cases)	
Thermal Thermometers	\$250.00		
We Video	\$299.00		
Clean face masks	\$1,625.00		
Nursing Dividers	\$500.00		
Signage	\$300.00		
PL Paramount foam soap	\$599.00	(20 cases)	
Towels (hand)	\$385.00	(20 cases)	
#4 Delta Cleaning solution	\$942.27	(10/ea)	
#7 Genefect One Step Disinfectant Cleaner	\$1,277.00	(20/ea)	
#11 Enzysan 2000 POD	\$1,228.35	(5/ea)	
Isolation Room Divider	\$500.00		
Misc Laundry (basket/detergent/bleach solution)	\$250.00		
Air Filters (for outside air handlers)	\$6,000.00	2x per yr/\$3,000	
Additional Aides (Staff 7:25-7:55 AM & 3:05-3:35 PM) 2 daily	\$12,600.00	(\$35/hr based on 2 staff 1 hr pe	day
Clear Tri fold shields (SLPS)	\$500.00		
Mini Fridge (milk) and food transport bags	\$986.14		
	\$39,258.56		

FY2020 Expenses

Chromebooks	\$5,508.00	
Postage (mailings for student supplies March - June)	\$822.05	
WBMason face shields	\$275.16	
Zoom (Educational - IEP's, meetings)	\$1,926.00	
Vimeo subscription	\$241.15	
WeVideo subscription	\$299.00	
	\$9,071.36	

Reentry Budget (School)

Disposable Face Masks (nursing)	\$123.96		
Hand Sanitizer (bottles)	\$250.00		
Hand Sanitizer (wall dispensers)	\$200.00		
Sani Cloths (alcohol free wipes)	\$931.20		
Gloves	\$2,480.00	(40 cases) Audiology Testing & Scre	ning
Signage	\$300.00		
PL Paramount foam soap	\$149.75	(5 cases)	
Towels (hand)	\$96.25	(5 cases)	
#4 Delta Cleaning solution	\$188.45	(2/ea)	
#7 Genefect One-Step Disinfectant Cleaner	\$191.55	(3/ea)	
Audiology Screen supplies	\$869.90	Tips/Alcohol wipes	
	\$5,781.06		

PLAN 2 Partial/ or Parent "OPT OUT"

Our data demonstrated that most of our high school students were able to navigate and extend their studies through distance learning with steady support from teachers. Our younger students did not do well enough, despite the significant amount of support provided, and middle school had mixed results.

If full face-to-face learning is not possible for everyone or a mixed approach with opportunities for families to choose distance learning seems to be best, Rhode Island School for the Deaf will offer two paths.

1. Partial

We will seek to bring the younger students through grade 8, only, back to school. This allows us to prioritize the students with the greatest linguistic needs. These students are the most at-risk for learning loss and failure to develop a strong language foundation for literacy. Many are also ELL students and have specific language needs because they cannot hear the spoken language of the home. We would also provide preference for HS students who have unreliable Internet access at home or face learning challenges via technology. High School students, the age group that is the more likely carriers of the virus, would access distance learning from home. One student enrolled in our Transition Program would likely need to come to school to continue to access in-house work related experiences.

All of the safety and learning features of the face-to-face plan would remain in place for those attending in-person.

The Distance Learning Plan would apply to the high school. We would increase academic supports for those HS students attending both programs (EPCTC and RISDeaf), since we know this split day through distance learning was very challenging for those students who present with lower reading and math skills. Those skill areas will be targeted and the focus of their instruction.

IEP planning will be critical for those HS students who need personalized earning plans.

All after school activities would occur remotely. The HS sports activities would be canceled.

2. Families who opt out of in-person learning or those students who are medically fragile and must stay home

Although we know this will be the most challenging option to implement, we want to be sure to plan for the need to provide a path for these students to continue learning. Individual planning for these students will be discussed with students and parents and designed for at-home

learning, despite the remainder of our students coming to school for face-to-face instruction. These students will have a staggered start, starting 1-2 weeks later than in-person instruction to allow time for RISDeaf staff to implement its complex plans for those returning to the building. Each RISDeaf classroom has a desktop computer and access to Internet already established. This will be critical if our teachers must plan both for in-person and distance learning with the same group of students. The desktop and ZOOM will be used to establish a "presence" for the at-home students to watch parts of the day's instruction with peers, although this is less than ideal through ASL.

Advanced Coursework Network (ACN) is currently being revised by RIDE. We are interested to see if some of our HS students could make use of a combination of Edgenuity on line classes with captions and ACN to advance their learning. We anticipate that this style of learning would be good for several, with guided support from our instructional staff. Most will still require traditional teaching by our teachers in ASL via screen. How to do both is still to be worked out by teachers as we regather.

PLAN 3 DISTANCE LEARNING (see separate file.)